The reasons for the redactions in the records provided are as follows:

Social Security Numbers and/or Federal Identification Numbers have been redacted under State ex rel. Beacon Journal Publishing Co. v. Akron (1970), 70 Ohio St.3d 605.

The employee's house number and street name have been redacted under State ex rel. Dispatch Printing Co. v. Johnson (2005), 106 Ohio St.3d 160.

The employee's day and month of birth and personal telephone numbers have been redacted because they are not records under O.R.C. 149.011(G) and 149.43.

Public Safety – Division of Fire 2011 Secondary Employment Requests



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	and a series of the control of the c
	Stephen Manzuk (Employee Name)	
Date:	January 24, 2011	
I reviewed After carefu	GApproved	ge in Secondary Employment. d it be Disapproved Jellin Date
	Approved	Disapproved
7	Mhan	2/1/11
Martin L. Fl	ask, Director	Date

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Stephen Manzu	ık	CLASSIFICATION:	Lieutenant
DEPARTMENT:	Public Safety		DIVISION: Fire	
SECONDARY E	MPLOYER NAME/AI	DDRESS/PHONE	NUMBER	
Cleveland State 2121 Euclid A Cleveland, OH (216) 687-3636	e University venue 44115		<u></u>	
JOB TITLE: Ins	tructor			
	IES PERFORMED:			
Instruction of H	lazMat courses,	7		
I am aware th	at in my secondar	n/ omnlove-set	er month, Approx. 8 the City of Clevelar	
obtain other lial I further unde secondary emp	orstand that if m	y City employn	nacı must personalı	y assume that responsibility or affected, my authorization for
Stephe Employee Signat	Manzoh		=	1-21-11
AUTHORIZED BY	Sall D			Date
APPOINTING AU	THORITY			DATE
DEPARTMENT DI	RECTOR		,	DATE
EXPIRES JANU	ARY 31, 2011	(NOTE: Appr	oval must be rene	wed annually)
03/2010	2012			

Department of Human Resources Development and Labor Relations

January 14, 2011

RE: Workers Compensation Coverage; Steve Manzuk

This correspondence verifies State of Ohio Workers Compensation coverage under Cleveland State University BWC Policy # 10003128-0 for Mr. Manzuk as a Part Time Employee, Continuing Education.

Gerry Modjeski

Director, Employee Benefits
Department of Human Resources & Labor Relations

Cleveland State University 216-687-4710

fax 216-687-3976

g.modjeski@csuohio.edu



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT.		,
SOBJECT:	Secondary Employment	Request of
	Edward M. Mille	r—
	(Employee Name)	
Date:	January 20, 2011	
I reviewed t After carefu	the attached request to enga I consideration, I recommen	age in Secondary Employment. d it be
	Approved	Disapproved
///		1 1
Chief, Divisi	on of Fire	1/20/11
8 3		Date
)	4]Approved	□Disapproved
·	May	1 1
	- ROYDEN	2/1/11
Martin L. Fla	sk, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Edward M. Miller	CLASSIFICATION: CAPTAIN
DEPARTMENT: Safety	DIVISION: Fire
LORAIN COUNTY COMMUNICATIONS Abbe Rd. ELYRIA Chio 44035 JOB TITLE: Fine Science County TYPES OF DUTIES PERFORMED: Coendin Prognain + Instruction.	endinator + Instructor
HOURS TO BE WORKED: 12-15 per	Week
actions or any liability resulting therefrom, and the obtain other liability insurance.	the City of Cleveland has no responsibility for my nat I must personally assume that responsibility or
I further understand that if my City employr secondary employment will be revoked. I am als this authorization at any time based on the operat	nent is adversely affected, my authorization for so aware that my appointing authority may revoke lonal needs of the department/division.
Employee Signature	1-/0-// Date
APPOINTING AUTHORITY	1/20/11 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



January 19, 2011

Mr. Martin Flask Director of Safety City of Cleveland 601 Lakeside Avenue Cleveland, OH 44114

Dear Mr. Flask,

I am writing to you in regards to Mr. Ed Miller, who in addition to his employment as a fireman for the City of Cleveland, works as an adjunct faculty member at Lorain County Community College (LCCC). If, in his capacity as an LCCC employee, he should experience a work-related injury or illness, the college would file the claim under its Bureau of Workers' Compensation (BWC) policy. Our policy number is 30005621.

If you need any additional information regarding Mr. Miller's coverage under the college's BWC policy, please contact me at dwilson@lorainccc.edu or at 440-366-7531.

Sincerely,

Denise L. Wilson

Benefits Coordinator

Committe Welson

CC:

Ed Miller



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
(Employee	Terry Scott Name)	
Date:	January 20, 2011	
I reviewed After carefu Chief, Divis	Approved	ge in Secondary Employment. d it be Disapproved Joannia
Martin I 51	Approved	□Disapproved 2 1 11
Marun L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Terry Scott	CLASSIFICATION:Lt.
DEPARTMENT:	Public Safety	DIVISION: Fire
SECONDARY E	MPLOYER NAME/ADDRESS/PHO	NE NUMBER
Mentor Fire De 8467 Civic Cer Mentor Ohio, 4 440-974-5785	nter Blvd.	
JOB TITLE: Fire	e Inspector	
TYPES OF DUT	IES PERFORMED:	
Fire inspections remodels, with	s of occupancies throughout the essing sprinkler tests, alarm tests	city, plan reviews for new construction and , fire pump tests.
HOURS TO BE	WORKED:	7:301600 @ 20 hours a week
actions of any	at in my secondary employme liability resulting there from, a bility insurance.	ent, the City of Cleveland has no responsibility for mind that I must personally assume that responsibility o
secondary emp	novment will be revoked. I am	loyment is adversely affected, my authorization for also aware that my appointing authority may revok erational needs of the Department/Division.
	2 It	بامار
Employee Signa	ture	
AUTHORIZED	Y:	1/20/11
APPOINTING AL	JTHORITY	DATE
DEPARTMENT D	PIRECTOR	DATE
EXPIRES JAN	UARY 31, 2011 (NOTE: A	Approval must be renewed appually)

2012

03/2010



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD. MENTOR, OHIO 44060 ADMINISTRATION 440/974-5765

FIRE PREVENTION 440/974-5768

PUBLIC EDUCATION 440/974-5769

440/942-8796

FAX 440/974-5706

January 19, 2011

To Whom It May Concern:

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

Robert M. Searles Deputy Chief

TI:san

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Joseph A. STEVENS Rank: FGF Badge: FF21 Date of Appointment: 09.05-95
Present assignment: Office Car 713
CROAGH Employer: SECURITY LTD Address: 3511 GRANTON City: CLEVE Type of Business: SECURITY
Address of Secondary Employment: CITY WIDE Nature of Duties: SECULITY - TRAFFIC
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress Composition Composition (Composition Composition)
Description of Firearm: SEMI-AUTO 9MM Serial #: FTX 602 Requalification Date: MAY/II
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: ONE YEAR Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a roof not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: TENABLE SECURITY Address: 2423 PAYNE Weekly Hours: 20
Employer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when workin secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 3 each year.
Print Members Name: JOSEPH A. STEVENS Signature: With Date:
Arson Unit Chief: Michael A Ob Sc Date: 1/6 2011 Approved: Denied:
Chief, Division of Fire: Date: 1/1/201/ Approved: Denied:
Chief, Division of Police: Mclaul Mc Skatty Date: 1-11-11 Approved: Denied:
Comments:
Approval: 1/00 Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

I respectfully request permission (NEW REQUEST X RENEWAL) to engage in secondary employment.
Name: ERIC BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-93/10-15-0
Present assignment: Office Car 713
Employer: IENABLE SECURITY INC. Address: 2423 PAYNE AVE City: CLEVELAND Type of Business: SECURITY
Address of Secondary Employment: VARIES - WITHIN CITY OF CLEUELAND Nature of Duties: OFF DUTY POLICE
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm GLOCK 17 Serial #: FTX 193 Requalification Date: APRIC 2010
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 12 MONTHS Maximum number of hours per week: 20 KALL PART TIME HOURS Combined WILL NOTEXCED
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rat of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: AETWA NETAL RECYCLING INC. Address: 8300 AETWA RO. /3296 COLUMBIA Rd, PICHFIELD Weekly Hours:
Employer: CROAGH SECURITY LTD. Address: 3511 GRANTON AVE, CLEVE, OH Weekly Hours: *
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: ERIC BURCHAK, CAPT. Signature: En Bernea Cot. Date: 1-9-201
Arson Unit Chief: 1/10/2011 Approved: Denied:
Chief, Division of Fire: Date: 1/1/2011 Approved: Denied:
Chief, Division of Police: Mclal Mc Beatl Chipate: 1-11-11 Approved: Denied:
Comments:
Approval:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC 2423 PAYNE AVE CLEVELAND OH 44114-4428

ohiobwc.com

Marke P. Ryan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



30 W. Spring St. Columbus, OH 43215

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING INC 3296 COLUMBIA RD STE 101 RICHFIELD, OH 44286-9622

ohiobwc.com

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Ohio Bureau of Workers' Compensation

Required Posting

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Bureau of Workers' Compensation

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Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

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Ohio Bureau of Workers' Compensation

Required Posting

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The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

I respectfully request permission (NEW REQUEST X RENEWAL) to engage in secondary employment.
Name: Joan M. Win Rank: J.D. F Badge: FF30 Date of Appointment: 1/1989
Present assignment: Office Car 713
Address of Secondary Employment: City of Class. Nature of Duties: Decerity Dray
Address of Secondary Employment: City of Clase. Nature of Duties: Action to 1
Joseph Children Worth Village Other Authorized V Civilian Dress
Description of Firearm: 9mm, Serial #: NNA 150 Requalification Date: 201
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached
I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Maximum number of hours per week: _20. hrs
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Denable Accurity Address: 2423 Payre ave. Weekly Hours: 20
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Joan M. Weir Signature: Jan M. Weir Date: 0//05
Arson Unit Chief: Date:
Chief, Division of Fire: Date: //// Approved: Denied:
Chief, Division of Police: Mola Mc Seath Chief Date: 1-11-11 Approved: Denied:
Comments:
Approval: Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC 2423 PAYNE AVE CLEVELAND OH 44114-4428

ohiobwc.com

Marsha P. Ryan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: CHARLES CHALUPA Rank: LIEUTENANT Badge: #FF 37 Date of Appointment: 5-8-89
Present assignment: Office Car 713
Employer: CROACH SECURITY Address: 3511 GRANTON City: CLEVELAND Type of Business: SECURITY
Address of Secondary Employment: City WIDE CLEVELAND Nature of Duties: SECURITY
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress Description of Firearm: ALOCK SEMI-ANTO 9MM Serial #: 26-LFC 792 Requalification Date: MARCH-201
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: / YEAR Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rat of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: TENABLE SECURITY Address: 2423 PAYNE Weekly Hours: 20
Employer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
Junderstand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: CHARLES CHALUPA Signature: On On Date: /-/-//
Arson Unit Chief:
Chief, Division of Fire: Date: 1/1/20/ Approved: Denied:
Chief, Division of Police: Mclaul Mc Grath, Chuf Date: 1-11-11 Approved: Denied:
Comments:
Approval: Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

Marshe P. Ran_ Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Ohio

Bureau of Workers' Compensation

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DP-29 BWC-1629 7/7/08



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

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Policy No. and Employer

Period Specified Below

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07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC 2423 PAYNE AVE CLEVELAND OH 44114-4428

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R Fire Investigation Unit	equest
	<u>Daniel S Viancourt</u> (Employee Name)	
Date:	January 20, 2011	
I reviewed After carefu	Approved	ge in Secondary Employment. I it be Disapproved Date
Miclaul. Chief, Divis	Ma Skath ion of Police Chief	□Disapproved Date
	⊠Approved	Disapproved

Date

Chief Stubbs: After Decision cc:

Martin L. Flask, Director

respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Tame: Daniels. Viandour + Rank: Lt. Badge: FF#32 Date of Appointment: 05/08/89
C PB 45 H
mployer: Serus it Address: 35// Dranton City: C/oveland Type of Business: Scavity
Address of Secondary Employment: Various Countins Nature of Duties: Sourity
leveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
rescription of Firearm: G/ook 19 Serial #: KKR 147 Requalification Date: 05/11/10
am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
nuration of Employment Indo Finite Maximum number of hours per week: 26 (2014)
understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate f not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment:
imployer: Tenas/e, Sexur 14 Address: 2423 Payre Weekly Hours: 20 (+0/6,1)
Employer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information arnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary imployment.
understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working econdary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary mployment outside the City of Cleveland.
understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal equests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
rint Members Name: y ANN SVIAWOUT Signature: Date: 1/10/11
Arson Unit Chief: 11/charl A. Oh BC Date: 1/16/2011 Approved: Denied:
Chief, Division of Fire: Date: 120/11 Approved: Denied:
Chief, Division of Police: Mclar Mc Sath Date: 2-1-1/ Approved: Denied:
Comments:
Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

Marsha P. Ran_ Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Employment R Fire Investigation Unit	equest		
	Leonard Simmerly (Employee Name)			
Date:	January 24, 2011			
I reviewed the attached request to engage in Secondary Employment After careful consideration, I recommend it be				
	Approved	Disapproved		
111	SAMO	1/24/11		
Chief, Divis	sion of Fire	Date		
	☑Approved	□Disapproved		
Micla	1 Mc Geath	2-1-11		
Chief, Divis	sion of Police Chief	Date		
	⊠Approved	Disapproved		
	Man Hou			
Martin L. F	lask, Director	Date		
cc: Chief	Stubbs: After Decision			

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.				
Name: LEONARD J. SIMMERLY Rank: FGF Badge: FF#26 Date of Appointment: 5/14/01				
Present assignment: Office Car 713				
Employer: SECURITY HUT Address: 18614 DETROIT City: LAKE WOOD Type of Business: SECURITY				
Address of Secondary Employment: 3050 w.11757. Nature of Duties: SECURITY OFFICER				
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress				
Description of Firearm: GCOCK 19 Serial #: FUF363 Requalification Date: 9/8/10				
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.				
Duration of Employment: <u>INDEFINITE</u> Maximum number of hours per week: <u>20</u>				
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.				
Other Secondary Employment: Employer: Address: Weekly Hours:				
Employer: Address: Weekly Hours:				
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No 				
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.				
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.				
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.				
Print Members Name: LEON AAD SIMMERIY Signature: Leonard Summerly Date: 01/14/1				
Arson Unit Chief: //whalf Dd BC Date: 1/20/2011 Approved: Denied:				
Chief, Division of Fire: Date: Date: Approved: Denied:				
Chief, Division of Police: McLaul Mysatk Date: 2-1-1/ Approved: Denied:				
Comments:				
Approval: Date:				



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

Ohio &

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOEWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1173370

07/01/2010 Thru 02/28/2011



ohiobwc.com

Marsha Pregan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

https://www.ohiobwc.com/employer/services/payroll/secure/certificate.asp?txtCID=19745... 8/10/2010



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	6
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R Fire Investigation Unit	Request
	<u>Mark W. Wright</u> (Employee Name)	
Date:	January 24, 2011	
I reviewed After carefu	the attached request to enga il consideration, I recommend	ge in Secondary Employment. d it be
\sim	DApproved	Disapproved
	SILL STATE OF THE	1/-11/11
Chief, Divis	ion of Fire	Date
	MApproved	Disapproved
Miclail	OM Usel	
Chief, Divis	ion of Police	2-/-// Date
	Chief	Date
	四 Approved	Disapproved
	Man Hay	股 市
Martin L. Fla	ask, Director	Date

Chief Stubbs: After Decision cc:



September 18, 2009

City of Cleveland

Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenich

Coordinator II, Human Resources

(216) 987-4837

Human Resources

District Administrative Services 700 Carnegie Avenue

Cleveland, Ohio 44115-2878



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
	A SECURIOR SECURITY OF A SECUR			
SUBJECT:	Secondary Employment R Fire Investigation Unit	equest		
	Victor M. Gill (Employee Name)			
Date:	January 24, 2011			
I reviewed the attached request to engage in Secondary Employment After careful consideration, I recommend it be				
\mathcal{D}	Approved	Disapproved		
- M	Sim	1/24/11		
Chief, Divis	ion of Fire	Date		
	Approved Mc Gratl	Disapproved		
Mila	OM Grate	2 / //		
Chief, Divis	ion of Police Chief	2-/-// Date		
\$ 59.50 1	Chig	Dute		
	Approved	Disapproved		
	$-m \cdot n \cdot n / 1$			
	Mohen Hou			
Martin L. Fl	ask, Director	Date		

Chief Stubbs: After Decision cc:

I respectfully request permission ([NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Victor M. Gill Rank: Lieutenant Badge: 123 Date of Appointment: 7/18/83
Present assignment: Office Car 713
Employer: Tri-C Address: 2900 Comm. College City: Cleveland Type of Business: Educational
Address of Employment: 2900 Community College Avenue Nature of Duties: Police Officer
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock Serial #: KKR 251 Requalification Date: 6/14/10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: July 1 - June 30 Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31 st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.
Print Members Name: Victor M. Gill Signature: Date: 1/20/1
Arson Unit Chief: /// Approved: Date: /// Approved: Denied:
Chief, Division of Fire: Date: 1/24/11 Approved: Denied:
Chief, Division of Police Mclal Mc Seath Date: 2-1-1/ Approved: Denied:
Comments:
Approval: Date:



September 18, 2009

City of Cleveland

Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

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Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenich

Coordinator II, Human Resources

Marge Harmail

(216) 987-4837

Human Resources

District Administrative Services 700 Carnegie Avenue

Cleveland, Ohio 44115-2878

216 • 987 • 4843 Fax 216 • 987 • 4799



City of Cleveland Memorandum Frank G. Jackson, Mayor

го:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire	9		
SUBJECT:	Secondary Employment Re	Company of the Compan		
	Preston King-Bey (Employee Name)			
Date:	January 26, 2011			
I reviewed After carefu	Il consideration, I recommend	ge in Secondary Employment. it be Disapproved Jacli Date		
	Approved Approved Ask, Director	□Disapproved 2 Date		

cc: Chief Stubbs: After Decision



NAME:	Preston King-Bey	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
	nty Justice Affairs-Cecoms ve. Suite 102 Cleveland 44115		
JOB TITLE: En	nergency Communication 9-1-1Opera	tor	
TYPES OF DUT	TES PERFORMED:	₩	
9-1-1 call taker	r, Mabas alerts, amber alerts, update	e hospital restrictions and	weather bulletins.
HOURS TO BE I am aware the	WORKED: nat in my secondary employment liability resulting there from, and	8-16 hrs a week the City of Cleveland h	nas no responsibility for my
obtain other lia	ability insurance.	that I must personally a	ssume that responsibility or
secondary em	erstand that if my City employ ployment will be revoked. I am a ion at any time based on the oper	Iso aware that my appoi	inting authority may revoke
Presto OZ Employee Signa	I. Ging-Bey		1-26-11 Date
AUTHORIZED	89:		
Vil	Siell		1/26/11
APPOINTING A	UTHORITY		DATE
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

03/2010

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43218-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more Information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER HUMAN RESOURCE DEPARTMENT 112 HAMILTON AVE FL 2 CLEVELAND OH 44114

DP-22 BWC - 1622 (REV. 3/95)

012618865

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/dc



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	B B	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment Re	entre <mark>en traphilitation provinti del provinti</mark>	
	Johnny Brewingto (Employee Name		
Date:	January 19, 2011		
I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be			
22	Approved	Disapproved	
Chief, Divis	sion of Fire	<u> </u>	
;	Approved	\square Disapproved $2/1)11$	

Date

Chief Stubbs: After Decision cc:

Martin L. Flask, Director



NAME:	Johnny Brewington	CLASSIFICATION:	Battalion Chief
DEPARTMEN	T: Public Safety	DIVISION: Fire	
SECONDARY	' EMPLOYER NAME/ADDRESS/PHO	NE NUMBER	
	Cuyahoga Community C	College Fire Training Acader	my
	11000 Pleasant Valley R	oad 44130-5199	
	(216) 987-5063	100000000000000000000000000000000000000	
	Adjunct Fire Instructor		
	UTIES PERFORMED: State of		
	BE WORKED: <u>Several classes</u>		
actions or a	that in my secondary employm ny liability resulting therefrom, a liability insurance.	nent, the City of Clevelan and that I must personally	d has no responsibility for m assume that responsibility o
secondary e	nderstand that if my City em employment will be revoked. I a zation at any time based on the o	m also aware that my ap	pointing authority may revok
Ahnny Employee 8	Grature Jon		January 18, 2011 Date
AUTHORIZE	ON:		1/18/11
APPOINTING	AUTHORITY		DATE
DEPARTMEN	IT DIRECTOR	in the control of the	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC and press 2.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

30005721

NO EXPIRATION DATE

CUYAHOGA COMMUNITY COLLEGE 700 CARNEGIE AVE CLEVELAND OH 44115-2878

www.ohlobwc.com

1000006696 THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	у	
FROM:	Paul Stubbs, Chief Division of Fire	2	
SUBJECT:	Johnny Brewing (Employee Name	ton	
Date:	January 19, 2011		
I reviewed After carefu	Approved	age in Secondary Employment. d it be Disapproved Date	
	Approved Approved Approved Approved Approved Approved Approved	Disapproved 2/1/11 Date	

cc: Chief Stubbs: After Decision



NAME: Jonnny Brewington	CLASSIFICATION: Battalion Chie	ef	
DEPARTMENT: Public Safety	DIVISION: _Fire	2	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER		
City of East Cleveland			
14340 Euclid Avenue 4411.	2		
(216) 681-2265			
JOB TITLE: <u>Civil Service Commissioner</u>			
TYPES OF DUTIES PERFORMED: Provide compr	ehensive services for classified services	ce	
personnel.			
HOURS TO BE WORKED: Two to four hours per I am aware that in my secondary employment actions or any liability resulting therefrom, and obtain other liability insurance.	the City of Cleveland has no respo	ansibility for my	
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.			
Thung Sewington	January 18, 2 Date	011	
APPOINTING AUTHORITY		<u>/11</u>	
DEPARTMENT DIRECTOR	DATE		

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)

2012

(26 | 681- 2749

STATE OF OHIO

Bureau of workers' compensation

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

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THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31805902

01/01/2008 THRU 12/31/2008

14340 Enclid Ave

www.ohiobwc.com -

ADMINISTRATOR

Marsh P. Kazar

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire	Ÿ.	
SUBJECT:	Secondary Employment Re	equest of	
	Angelo Calvillo (Employee Name)		
Date:	January 20, 2011		
I reviewed After caref	the attached request to engagul consideration, I recommend	ge in Secondary Employment it be	
Chief, Divis	sion of Fire	1/20/11 Date	
	Approved	Disapproved	
Name of the same o	Mha	2/1/11	
Martin L. F	lask, Director	Date	

Chief Stubbs: After Decision cc:



NAME: ANGELO CALVILLO CLASSIFICATION: CAPTAIN
DEPARTMENT: SAFETY DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
BROOKLYN HEIGHTS FIRE DEPARTMENT
345 TUKEDO AVE BROBKLYNHTS.OHIO
216-351-3542
JOB TITLE: CAPTAIN
TYPES OF DUTIES PERFORMED: SUPPRESSION, MEDICAL EMERGENCIE.
HOURS TO BE WORKED: 20 HRS/WEEK
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
1/20/2011
AUTHORIZED BY:
APPOINTING AUTHORITY
DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2000

(NOTE: Approval must be renewed annually)



Brooklyn Heights Fire Department 345 Tuxedo Avenue Brooklyn Heights Ohio 44131

Michael Lasky Fire Chief

Office: (216) 351-3542 Fax: (216) 749-0892

January 7, 2011

City of Cleveland Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights . Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

Michael Lasky,

Fire Chief

Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	<u>David J. Telban</u> (Employee Name)	
Date:	January 24, 2011	
I reviewed After carefu Chief, Divis	Approved	ge in Secondary Employment. I it be Disapproved Date
	Approved Nohal ask, Director	Disapproved A I II Date

cc: Chief Stubbs: After Decision



NAME: David J.Telban	CLASSIFICATION:	Lieutenant
DEPARTMENT: Public Safety	DIVISION: Fire	1
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER	8
Cleveland Clinic Foundation 9300 Euclid Ave. Cleveland, Ohio 1-440-824-6116		
JOB TITLE: Paramedic		
TYPES OF DUTIES PERFORMED:		
Routine paramedic skills, Office work		
HOURS TO BE WORKED:	20Hrs.	
I am aware that in my secondary employment, actions or any liability resulting there from, and tobtain other liability insurance.	the City of Cleveland h hat I must personally a	nas no responsibility for my ssume that responsibility o
I further understand that if my City employr secondary employment will be revoked. I am als this authorization at any time based on the operat	o aware that my appoi	nting authority may rough
Employee Signature	Ē	01.21.//
AUTHORIZED BY:		1/24/11
APPOINTING AUTHORITY		ATE
DEPARTMENT DIRECTOR		ATE
EXPIRES JANUARY 31, 2011 (NOTE: App	roval must be renew	ed annually)

2012

03/2010



Governor Ted Strickland Administrator Marsha P. Ryan chiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # JJ-19 CLEVELAND, OH 44195 Period Specified Below

1st DAY OF November 2008

1st March 0200

Subs

20004199-3

CCF HOTEL SERVICES INC

20004199-4

CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

го:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Donald Muetzel	*
	(Employee Name)	
Date:	January 24, 2011	
After carefu	the attached request to engage of consideration, I recommend the proved sion of Fire	
	△ Approved	□Disapproved
Martin L. F	Managaran Jask, Director	$\frac{2 1 1}{\mathbf{Date}}$
		Vertical Action (Action)
		7

An Equal Opportunity Employer

Chief Stubbs: After Decision

cc:



NAME:DONALD MUETZEL	CLASSIFICATION: <u>LIEUTENANT</u> H+L	#30
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	NUMBER	
GRELLER AND COMPANY INC. 6668 ENGLE ROAD CLEVELAND OHIO 44130 216-433-0200		
JOB TITLE: DRIVER SHIPPING AND RECEIVING	The second secon	
TYPES OF DUTIES PERFORMED:		
DRIVER , MACHINE MECHANIC.		
HOURS TO BE WORKED:	20	
I am aware that in my secondary employment, actions or any liability resulting there from, and to obtain other liability insurance.	the City of Cleveland has no responsibility for mathematical hat I must personally assume that responsibility of	iy or
I further understand that if my City employn secondary employment will be revoked. I am als this authorization at any time based on the operat	ment is adversely affected, my authorization for so aware that my appointing authority may revok tional needs of the Department/Division.	or e
Employee Signature		ñ
AUTHORIZED BY	1/24/11	
APPOINTING AUTHORITY	DATE	
DEPARTMENT DIRECTOR	DATE	8
EXPIRES JANUARY 31, 2011 (NOTE: App	roval must be renewed annually)	

2012

03/2010

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

07/01/2010 Thru 02/28/2011

GRELLER & COMPANY INC 6668 ENGLE RD CLEVELAND, OH 44130-7906 Merche Pyla. Administrator

ohiobwc.com

You can reproduce this certificate as needed.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	equest of
		equest of
	Robert L. Fisher (Employee Name)	18.00
	0040070135210000000000000000000000000000000000	
Date:	January 24, 2011	9
reviewed After carefu Chief, Divis	Approved	ge in Secondary Employment. I it be Disapproved Date
	M Approved	Disapproved
	Man	2/1/11
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Robert L. Fisher	CLASSIFICATION:	FGFF	HK # 30
DEPARTMENT:	Public Safety	DIVISION: Fire		
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE	NUMBER		
	ret 1180 Main Ave. Cleveland Ohio		¥	
JOB TITLE: Ma	anager/ Policy number for Worker's Co	mn 1092704		
	TES PERFORMED:	тр. 1063791		
Supervisory	123 FERFORMED:			
7 - 1 - 1 - 1 - 1 - 1				
HOURS TO BE	WORKED:	Undetermined		
이번에 하면 하면서 하고요? 사용하게 쓰면 그 모든 때문에	lat in my secondary employment, liability resulting there from, and t bility insurance.	the City of Cleveland hat I must personally	has no responsi assume that res	ibility for my ponsibility or
	erstand that if my City employs bloyment will be revoked. I am alson at any time based on the opera			
Employee Signat	4	<u> </u>	1/22/11 Date	
AUTHORIZED	Y:			
APPOINTING AL	JTHORITY	=	1/24/11 DATE	
DEPARTMENT D	PIRECTOR	-	DATE	Annual Control of the
	UARY 31, 2017 (NOTE: App	roval must be renev	wed annually)	
22/2010	0010			

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

THIS CERT ICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1083791

7/1/2008 THRU 2/28/2009

ENTERTAINMENT USA OF CLEVELAND INC CHRISTIE'S CABARET 5100 PGPLAR AVE STE 2114 MEMBELS, TN 38137-2114

ohiobwc.com

Marsha P. Ryan___

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE MUST BE POSTED WITH THE CERTIFICATE OF COVERAGE



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	*
SUBJECT:	Secondary Employment R Jace E. Cifranic	equest of
	(Employee Name)	
Date:	January 25, 2011	
I reviewed to After careful Chief, Divisi	Approved	ge in Secondary Employment. I it be Disapproved Date
	 ▲ Approved	Disapproved
Martin L. Fla	ask, Director	$\frac{2 1 1 }{Date}$

cc: Chief Stubbs: After Decision



NAME: JACE E. CIFRANIC	CLASSIFICATION: 4GF
DEPARTMENT: PUBLIC SAFETY	DIVISION: PIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE I	
601 LAKESIDE AVENUE	OF BUDGET 4 MATVABENIENT
664-2536 /664-6360	
JOB TITLE: BUDGET ANALYST	
TYPES OF DUTIES PERFORMED: BUDGET	ANALYSIS/BUDGET PREPARATION
HOURS TO BE WORKED: 16 - 20 HRS	POR WEEK
I am aware that in my secondary employment, actions or any liability resulting therefrom, and tobtain other liability insurance.	the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am al this authorization at any time based on the opera	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the department/division.
<u>Jaci E. Afranie</u> Employee Signature	1/23/11 Date
APPOINTING AUTHORITY	1/20/11
DEPARTMENT DIRECTOR	DATE
en en en en la regiment de la company de la	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	/ :
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F	Request of
Date:	(Employee Name) January 25, 2011	
I reviewed t After carefu	the attached request to enga I consideration, I recommend	nge in Secondary Employment. d it be
Chief, Divisi	Approved on of Fire	□ Disapproved //ac// Date
7	Approved Oku sk, Director	Disapproved A 1 11 Date

cc:

Chief Stubbs: After Decision



NAME: Patrick Kelly	CLASSIFICATION:Assistant Chief
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
Cuyahoga Community College 11000 Pleasant Valley Rd Parma Ohio 44130	
JOB TITLE: Fire Instructor	
TYPES OF DUTIES PERFORMED:	
Assist in the instruction of Fire Cadet Students	
HOURS TO BE WORKED: I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	8-20 hours/week the City of Cleveland has no responsibility for my nat I must personally assume that responsibility or
I further understand that if my City employe	nent is adversely affected, my authorization for
APPOINTING AUTHORITY	DATE DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2011

2012



Medical Providers Billing Information Notice

Effective September 1, 2008 Cuyahoga Community College has been granted the privilege of self-insurance in its Workers' Compensation program. As such, all bills will be processed through the College. Effective July 1, 2010, CareWorks Consultants Inc. ("CCI") is the third party administrator for workers' compensation for the College. Please submit bills to:

CareWorks Consultants Inc.

5500 Glendon Court

Dublin, OH 43016

Phone # 1-800-837-3200

FAX # 614-764-7629

Medical only claims, those with less than seven days lost time no longer need to be filed with the Ohio Bureau of Workers' Compensation. Completed First Report of Injury (FROI) forms should be forwarded to the College instead of the Bureau of Workers' Compensation. Your cooperation will ensure that the bills will be paid in an expedient manner, utilizing the Ohio Bureau of Workers' Compensation FEE guidelines.

Any questions regarding billings may be directed to the College at: (216) 987-4795.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	<i>(</i>
FROM:	Paul Stubbs, Chief	8
1100-1-TO 00000011811 B	Division of Fire	
	DIVISION OF FIFE	
SUBJECT:	Secondary Employment F	Request of
	David McNeilly	
	(Employee Name)	The second secon
D-4	5 W	
Date:	February 2, 2011	
I reviewed After carefu	the attached request to enga Il consideration, I recommen	age in Secondary Employment. d it be
	TANDE OVER	
\sim	Approved	□Disapproved
1,1		2.2
Chicani	Single	2/2/11
Chief, Divisi	ion of Fire	Date
	Approved	Disapproved
(mad shall	
	184 3/14/2011	
Martin L. Fla	ask, Director	Date
LIDOSES SEMONDE ESSAN - É SOS		Date

cc: Chief Stubbs: After Decision



NAME: _	DAVIO	mentilly	-	CLASSIFICAT	ION: _	ASSISTANT	CHIEF
DEPARTM	IENT: S	af ety		DIVISION: _	F)	RC	() () () () () () () () () ()
SECONDA	ARY EMPLOYER	NAME/ADDRESS/F	PHONE	NUMBER			
		CASE MED	ICAL	CENTER			
-		11100 EUC	LIO	AUC			
		CLEUELANI	0,04)	10 44106			
JOB TITL	E:	REGISTER	ED	NURSE	21	6-847-861	طه
		FORMED: H					
							ar wheel
HOURS T	O BE WORKE	o: UARIOUS	S 	=TS 0700.	-1500,	1500-2300, 2	:300-0708
actions o	are that in my r any liability r her liability ins	secondary emplo esulting therefrom, surance.	yment and the	, the City of Cl nat I must pers	evelan onally	d has no respons assume that resp	ibility for my consibility or
secondar	y employment	that if my City e will be revoked. By time based on t	I am a	Iso aware that r	my app	ointing authority	may revoke
1	donx						
Employee	Signature)				Date	-
AUTHORI	ell se	M			9	2/2/1	í,
APPOINT.	ING AUTHORIT	Υ	entormolarida	X-11	ŷ	DATE	The second secon
DEPARTM	ENT DIRECTO	R				DATE	

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Columbus, OH 43215-2256

Governor Ted Strickland Administrator Marsha P. Ryan ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002687

UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD LOWR LEVEL

SHAKER HTS, OH 44122

Period Specified Below

1st DAY OF October 2010

1st DAY OF October 2011

Subs

20002687-1	MEMORIAL HOSPITAL OF GENEVA
20002687-2	THE BROWN MEMORIAL HOSPITAL
20002687-4	THE COMMUNITY HOSPITAL OF BEDFORD INC
20002687-6	UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES, INC.
20002687-7	UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.
20002687-9	UNIVERSITY HOSPITALS MANAGEMENT SERVICES ORGANIZATION, INC.
20002687-10	UNIVERSITY PRIMARY CARE PRACTICES
20002687-12	UNIVERSITY HOSPITALS HEALTH SYSTEM MCO, INC.
20002687-15	UHHS RICHMOND HEIGHTS HOSPITAL
20002687-17	THE GEAUGA HOSPITAL ASSOCIATION, INC.
20002687-18	UNIVERSITY HOSPITALS OF CLEVELAND
20002687-19	UNIVERSITY HOSPITALS HEALTH SYSTEM-HEATHER HILL

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

Marsha PRgan_

BWC-7201

SI-1



Columbus, OH 43215-2256

Governor Ted Strickland Administrator Marsha P. Ryan ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

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Policy No. & Employer 20002687

UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD LOWR LEVEL

SHAKER HTS, OH 44122

Period Specified Below

1st DAY OF

October 2010

Lst DAY OF

October 2011

20002687-20

UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

20002687-21

UNIVERSITY HOSPITALS WRAP UP PROJECT

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan

nausha P Ryan

Administrator

BWC-7201

SI-1



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direc Department of Public	tor Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employr	nent Request of
(Employee	Scott Ulin	<u>e</u>
Date:	February 8, 2011	
I reviewed After carefu	Approved	o engage in Secondary Employment. mmend it be Disapproved 2/8/// Date
C	MApproved MAL 2/14/20	□ Disapproved
Martin L. Fl	ask, Director	Date

Chief Stubbs: After Decision cc:



NAME: Scott Uline	CLASSIFICATION: _	FGF
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHON	IE NUMBER	*
Environmental Conditioning Systems 7567 Tyler Blvd. Mentor, Ohio 44060		
JOB TITLE: HVAC Service Tech	Ar.	
TYPES OF DUTIES PERFORMED:	11	
Repair of Commercial HVAC equipment	•	
	ä	
HOURS TO BE WORKED:	20 or as needed	
I am aware that in my secondary employme actions or any liability resulting there from, an obtain other liability insurance. I further understand that if my City employment will be revoked. I am this authorization at any time based on the operation.	oyment is adversely affe	ected, my authorization for
Employee Signature	, I	Date /
APPOINTING AUTHORITY		2/8/11 DATE
DEPARTMENT DIRECTOR		DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2011

2012



ENVIRONMENTAL CONDITIONING SYSTEMS

January 28, 2011

City of Cleveland Division of Fire/Public Safety

Re: Scott Uline

HVAC Service Technician

To Whom It May Concern:

Please be advised that Scott Uline is covered by our Company Liability Insurance and Ohio Bureau of Workers' Compensation Policy #847128 when performing HVAC service duties for this Company.

Very truly yours,

HANK BLOOM SERVICES, INC. dba ENVIRONMENTAL CONDITIONING SYSTEMS

erbara abloom

Barbara A. Bloom

Secretary/Treasurer

/bb

Cc: Scott Uline



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	John O'Flaherty (Employee Name)	Request of	
Date:	February 8, 2011		
I reviewed After carefu	the attached request to enga ul consideration, I recommend	ge in Secondary Employment d it be	
Del.	Approved	□Disapproved	
Chief, Divis	ion of Fire	Date	

□Disapproved

Date

Chief Stubbs: After Decision cc:

Martin L. Flask, Director



NAME: JOHN O'FLAKERTY	CLASSIFICATION: _	LIEUTENANT
DEPARTMENT: PUBLIC SAFETY	DIVISION:FIR	- 2
PROED COMMUNICATIONS, INC		
2561 CHAGRIN BLVD SUITE		N.
Beachroon, OH 44122	216-795-7917	
JOB TITLE: ASSOCIATE SCIENTIFIC	c DIRECTOR	and the same of th
TYPES OF DUTIES PERFORMED: MEDICAL SCIENTIFIC CONSULTING.	+- SCIENTIFIC COMMENTE	ATTOMS AND
HOURS TO BE WORKED: 9 € 10 5	P ~2 0 - 211 0 - 1	Ž.
I am aware that in my secondary employn actions or any liability resulting therefrom, a obtain other liability insurance. I further understand that if my City emsecondary employment will be revoked. I a	nent, the City of Cleveland and that I must personally a ployment is adversely affe	has no responsibility for mossume that responsibility of ected, my authorization fo
this authorization at any time based on the o	pperational needs of the depa	onting authority may revokent artment/division.
Employee Signature	Ī	2 · 4 · 11
APPOINTING AUTHORITY		2/8/11 DATE
DEPARTMENT DIRECTOR		DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



January 27, 2011

To Whom It May Concern:

This letter is to certify that our current employee, John O'Flaherty, Associate Scientific Director for ProEd Communications is covered under Worker's Compensation through the Ohio Bureau of Worker's Compensation. He is covered for any injuries he should sustain during the course of his work for ProEd while on Company premises or while traveling for ProEd business as per applicable law. Our BWC number is 1072386 and our current BWC Certificate is enclosed.

Please do not hesitate to contact me at the number below should you have any questions.

Regards,

Terri Bednar, PHR

HR Generalist

terri.bednar@proedcom.com

216-595-7919 X8854

Enclosure:



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1072386

07/01/2010 THRU 02/28/2011

PRO ED COMMUNICATIONS INC 25101 CHAGRIN BLVD SUITE 230 BEACHWOOD OH 44122

ohiobwc.com

Marsha P. Rjan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

10052



TO:	Martin L. Flask, Direct Department of Public	tor Safety	
FROM:	Paul Stubbs, Chief Division of Fire	\$	
SUBJECT:	Secondary Employr William J.	Sibert	
Date:	(Employee Nam February 10, 2011	ie)	
I reviewed After carefu	the attached request to consideration, I reco	o engage in Secondary Employment mmend it be Disapproved	t.
Chief, Divisi	on of Fire	2/10/11 Date	
	MApproved MAL 2/4/20	☐ Disapproved	
Martin L. Fla	ask, Director	Date	

An Equal Opportunity Employer

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

CLASSIFICATION: FG	F
DIVISION: FICE	L-39
NUMBER	
my	
rive	
11	
ustodian	
chool Bus	
week maxim	UM
the City of Cleveland has no r nat I must personally assume t	esponsibility for my hat responsibility or
nent is adversely affected, m to aware that my appointing au tional needs of the department/o	
	-27-11
21	10/11
DATE	0111
DATE	
	IUMBER MY CIVE III CUSTODIAN Chool BUS Alduties The City of Cleveland has no relat I must personally assume to aware that my appointing autional needs of the department/of Date DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

07/01/2010 Thru 02/28/2011

SAINT JOSEPH ACADEMY 3430 ROCKY RIVER DR CLEVELAND, OH 444111-2937

ohiobwc.com

Marsha P. Ran_ Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



10:	Martin L. Flask, Direct Department of Public		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employn Virgil L. P (Employe	ittman, Jr.	
Date:	February 2, 2011	, , , , , , , , , , , , , , , , , , , ,	
I reviewed After carefu Chief, Divis	Approved	o engage in Secondary Employment mmend it be Disapproved 2/2/11 Date	
M.	Approved	□ Disapproved □ Disapproved □ Disapproved	# # #

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	VIRGIL L. PITTMAN, JR.	CLASSIFICATION:	LIEUTENANT
DEPARTMEN'	T: Public Safety	DIVISION: Fire	•
SECONDARY	EMPLOYER NAME/ADDRESS/PHONE	NUMBER	
1255 EUCLI	ND, OHIO 44115	ONS (CECOMS)	
JOB TITLE:	EMERGENCY COMMUNICATIONS OF	PERATOR	
TYPES OF D	UTIES PERFORMED:		`
SEND OUT	AND DIRECT EMERGENCY 911 C AMBER, MABAS AND EMERGE ES ALERTS. POST HOSPITAL NO	NCY COMMUNICATI	
HOURS TO I	BE WORKED:	8-24 hrs. per week	
actions or a	e that in my secondary employmen my liability resulting there from, and r liability insurance.	t, the City of Clevelar I that I must personall	nd has no responsibility for my ly assume that responsibility o
secondary e	inderstand that if my City emploemployment will be revoked. I am zation at any time based on the ope	also aware that my ar	opointing authority may revoke
Employee Si	gill Fittman, J	<u>E</u>	1-21-11 Date
AUTHORIZE	1 Sint	\$	2/2/11
APPOINTING	G AUTHORITY		DATE
DEPARTMEN	NT DIRECTOR	=	DATE

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)

2012

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER HUMAN RESOURCE DEPARTMENT 112 HAMILTON AVE FL 2 CLEVELAND OH 44114

DP-22

BWC - 1622 (REV. 3/96)

012618965

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/d



то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R Fire Investigation Unit	Request
	<u>Jeffrey Yancey</u> (Employee Name)	
Date:	February 8, 2011	× .
	the attached request to enga ful consideration, I recommen	age in Secondary Employment. d it be
	Approved	Disapproved
Chief, Divi	sion of Fire	_2/8/11 Date
(= 11	Approved	☐ Disapproved
	sion of Police	<u>2/15/1</u> Date
	Approved 2/13/	Disapproved
Martin L. I	Plask, Director	Date
cc: Chie	ef Stubbs: After Decision	

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission ([NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Jeffrey Yancey Rank: FGF Badge: 18FF/746 Date of Appointment: May 8, 1989
Present assignment: Office Car 713
Employer: C.C.C. Metro Address: 2900 Comm Coll Ave. City: Cleveland Type of Business: College
Address of Employment: 2900 Community College Ave. Nature of Duties: Police/Security
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: GAG 797 Requalification Date: 6-10-10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Indefinitely Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment:
Employer: Weekly Hours:
Employer:
1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than
Print Members Name: Jeffrey Yancey Signature: Jeffrey Cancey Date: 1-23-1
Arson Unit Chief: // What A. Od Date: 2/1/2011 Approved: Denied:
Chief, Division of Fire: Denied: Denied: Denied:
Chief, Division of Police: Otto Housey A.C. Date: 2/15/11 Approved: Denied:
Comments:
pproval:Date;
SAFETY DIRECTOR



June 9, 2010

City of Cleveland Attention: Chief of Police

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey is covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenick

Marge Hoenich Coordinator II, Human Resources (216) 987-4837

Human Resources
District Administrative Services
700 Carnegie Avenue
Cleveland, Ohio 44115-2878
216*987*4843 FAX 216*987*4799

Cuyahoga Community College is an affirmative action / equal opportunity institution



то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R Michael Majercak	
	(Employee Name)	
Date:	February 17, 2011	
I reviewed to After careful Colored	PApproved	ge in Secondary Employment. I it be Disapproved 2/17/11 Date
	MApproved 70 Aa 2/23/2011	Disapproved
	sk, Director	Date

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

ME: Michael Majercak CLASSIFICATION: Medic
EPARTMENT: Safety DIVISION: Fice
CONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
Cleveland Clinic Foundation
9500 Buched Cleveland Ohio
440-824-6116
BTITLE: Para medic
pes of duties performed: Pt. care at sport events
DURS TO BE WORKED: 10-15 per wk
am aware that in my secondary employment, the City of Cleveland has no responsibility for my tions or any liability resulting therefrom, and that I must personally assume that responsibility or tain other liability insurance.
further understand that if my City employment is adversely affected, my authorization for condary employment will be revoked. I am also aware that my appointing authority may revoked is authorization at any time based on the operational needs of the department/division.
Michan Magusal 2/17/11
pployee Signature // Date
THORIZED BY:
POINTING AUTHORITY DATE
PARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Governor Ted Strickland Administrator Marsha P. Ryan chiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

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Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # JJ-19 CLEVELAND, OH 44195

Period Specified Below

1st DAY OF November 2008

1st March 0200

Subs

20004199-3

CCF HOTEL SERVICES INC

20004199-4

CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

BWC-7201

SI-1



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
(Employee	John Eddy Name)	
Date:	February 14, 2011	
I reviewed to After careful Chief, Divisi	Approved	ge in Secondary Employment. I it be Disapproved 2/15/10 Date
N	DAM 728/2011	Disapproved
Martin L. Fla	ask, Director	Date

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	John Eddy	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EN	MPLOYER NAME/ADDRESS/PHONE N	UMBER	
Board of Electi 2925 Euclid Av Cleveland, Ohi	ve .		
JOB TITLE: GIS	S Technician	The second secon	
TYPES OF DUT	IES PERFORMED:		
Computer Mapp	ping / Cartography		
HOURS TO BE	WORKED:	20/ week avg	
I am aware the actions or any obtain other lia	at in my secondary employment, liability resulting there from, and th bility insurance.	the City of Clevelan nat I must personally	d has no responsibility for my assume that responsibility or
this authorization	erstand that if my City employment will be revoked. I am also on at any time based on the operation of the control of the cont		
Employee Signat	a de		Date
APPOINTING AU	THORITY		2/15/11 DATE
DEPARTMENT D	IRECTOR		DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)



Jeff Hastings Chairman Inajo Davis Chappell

Robert S. Frost

Eben O. (Sandy) McNair, IV

Jane M. Platten Director

Pat McDonald Deputy Director

February 4, 2011

Mr. John Eddy

westlake, Ohio

Dear Mr. Eddy:

You are currently employed with the Cuyahoga County Board of Elections (CCBOE) as a Senior GIS Technician. If a CCBOE employee is injured while performing his job duties for the CCBOE, an accident report is generated and submitted to the Workers Compensation Division of the Office of Human Resources under the Cuyahoga County Executive. The division coordinator is Donna Barthany and she can be contacted with questions at 216-443-5605.

Please do not hesitate to contact me with questions at 216-443-6468.

Respectfully yours,

Anthony Perlatti

Human Resources Manager





то:	Martin L. Flask, Director Department of Public Safety	/
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Fire Investigation Unit	Request
	Christopher Posante (Employee Name)	
Date:	February 28, 2011	
I reviewed After carefu	the attached request to enga ul consideration, I recommen	age in Secondary Employment d it be
0	Approved	Disapproved
Chief, Divis	ion of Fire	<u>3/4/11</u> Date
Chief, Divis	Approved SMe Seath On of Police	□Disapproved
	⊠Approved /	Disapproved
_ 7	May 3/29/2011	ii a a a a a a a a a a a a a a a a a a
Martin L. Fl	ask, Director	Date

Chief Stubbs: After Decision cc:

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: POSAWTE, CHRIS CAPT: Badge FF-33 Date of Appointment: 5-8-89
Present assignment: Office Car 713 C
Employer: UNIVERSITY Address: ZIZI EUCLID City: CLEVE Type of Business: UNIVERSI
Address of Secondary Employment: 2121 EUCLID Nature of Duties: POLICE
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: GLOCK 17 Serial #: KWD 886 Requalification Date: 10-10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment:ON_GOING Maximum number of hours per week: _ZO
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment:
Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: POSANTE, CHRIS Signature: VSD P. Date: Z-Z3-1
Arson Unit Chief: 711 whath A Ody BC Date: 3/3/2011 Approved: Denied:
Chief, Division of Fire: Date: 3/4/11 Approved: Denied:
Chief, Division of Police: Mclaul Mc Grath Date: 3-25-// Approved: Denied:
Comments:

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

10003128-0

PUBLIC EMPLOYER

N/A THRU N/A

CLEVELAND STATE UNIVERSITY

1983 E 24TH ST # FT201

CLEVELAND, OH 44115-2403

NO LAPSE COVERAGE

www.ohlobwc.com

March P. Payan

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

rjj-CLEV-01-11-2008

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	: Secondary Employment Request of		
	<u>Darrin Kebbel</u> (Employee Name)		
	(Employee Name)		
Date:	March 4, 2011		
I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be			
	P Approved	Disapproved	
Chief, Divis	ion of Fire	<u>3/7///</u> Date	
	Approved	Disapproved	
	The solution of the same was a solution of the same of		
	Man 3/2/2011		
Martin L. Fla	ask, Director	Date	
cc: Chief	Stubbs: After Decision		

fle



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Kebbel Darrin	CLASSIFICATION: Firefighter
DEPARTMENT: Fire	DIVISION: Fire.
SECONDARY EMPLOYER NAME/ADDRESS/PHONI THE Five Training 11010 Pleasont Vulley Parma, Ohro 44130	Acodemy
JOB TITLE: EMS Support Specialist	/ Fustructor File
TYPES OF DUTIES PERFORMED: ASSIST	with Agility testing and Codet classes.
HOURS TO BE WORKED: 0-20	
I am aware that in my secondary employmen actions or any liability resulting therefrom, and obtain other liability insurance.	t, the City of Cleveland has no responsibility for my that I must personally assume that responsibility o
I further understand that if my City emplo secondary employment will be revoked. I am a this authorization at any time based on the oper	yment is adversely affected, my authorization fo also aware that my appointing authority may revoke ational needs of the department/division.
Employee Signature	
AUTHORIZED BY:	
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

20/2

(NOTE: Approval must be renewed annually)



February 16, 2011

City of Cleveland Department of Public Safety Division of Fire

RE: Policy Number SI 20005579

Please accept this letter as confirmation that Darrin Kebbel is covered by Workers' Compensation Policy Number SI 20005579 while working for Cuyahoga Community College.

If you should have questions, please feel free to contact me.

Best Regards,

Joanie Soeder

Leave Administrator

Cuyahoga Community College

Phone: 216-987-4795 Fax: 216-987-4827

Human Resources
District Administrative Services
700 Carnegie Avenue

Cleveland, Ohio 44115-2878

216-987-4840 FAX 216-987-4799



TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment Re	equest of	
	Patrick Mangan		
	(Employee Name)		
Date:	March 4, 2011		
I reviewed After carefu	the attached request to engage	ge in Secondary Employment. I it be	
	Approved	Disapproved	
Chief, Divis	Shill .		
X	MApproved Oslan 3/7/2011	Disapproved	
	ask, Director	Data	
ridiciii E. Fi	ask, Director	Date	

filo

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

Die Lim
NAME: Patrick V. Mangan CLASSIFICATION: Batt Ch.
DEPARTMENT: Public Safety DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
_ Cleveland State University
2121 Euclid AVE CERM 208
Claveland, Ohio 44115-2214
JOB TITLE: HAZ MAT Program - SAles
TYPES OF DUTIES PERFORMED: SEll and Custom design
Emengency Preproduess Courses Public +
Printe Section Clients
HOURS TO BE WORKED: Flexable - MAX 20 has per CS4+CA
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature Date
AUTHORIZED BY:
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE
EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

2012



February 14, 2011

Paul Stubbs, Chief Division of Fire

Dear Chief Stubbs,

Please be advised that while under the employ of Cleveland State University, Mr. Patrick Mangan is, and will continue to be, covered by the University's Worker's Compensation policy.

If you should have any other questions, please feel free to contact me at (216) 687-4842.

Sincerely,

Toseph K. Ertter, Jr. Business Manager



то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire	*	
SUBJECT:	Secondary Employment Re	equest of	
	Thomas Jurcisin (Employee Name)		
Date:	e: March 25, 2011		
I reviewed to After careful Chief, Divis	Approved	ge in Secondary Employment. It be Disapproved Joseph Date	
Martin Ļ. Fla	MApproved 3/3//2011 ask, Director	□ Disapproved □ Date	

Chief Stubbs: After Decision cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME: THOMAS JURCISIN	CLASSIFICATION: FGF
DEPARTMENT: SAFETY	DIVISION: FIRE (E-39)
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	E NUMBER
	ETRIBING, DVC,
7607 MADISON	AVE
CLEVERAND, OHIO	44102
JOB TITLE: V-P	
TYPES OF DUTIES PERFORMED: SCH	EDULING, ESTIMATING
No. of the second secon	
HOURS TO BE WORKED: 15 HOURS	: / WEEK
I am aware that in my secondary employmen actions or any liability resulting therefrom, and obtain other liability insurance.	t, the City of Cleveland has no responsibility for m that I must personally assume that responsibility o
I further understand that if my City emplo secondary employment will be revoked. I am a this authorization at any time based on the oper	yment is adversely affected, my authorization fo also aware that my appointing authority may revoke rational needs of the department/division.
17///	
Employee Signature	
AUTHORIZED BY:	
APPOINTING AUTHORITY	3/25/11
SENTING ACTIONETY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1001003

01/01/2011 THRU 08/31/2011

YURCH BROTHERS LINE STRIPING INC 7607 MADISON AVE CLEVELAND OH 44102-4051

ohiobwc.com

You can reproduce this certificate as needed.



TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment R	equest of	
	Elliott B. Clark (Employee Name)		
Date:	May 25, 2011		
I reviewed After carefu	[GApproved	ge in Secondary Employment. I it be Disapproved SATAI Date	
7	Approved Shar 5/27/2011	Disapproved	
Martin L. Fla	ask, Director	Date	

cc:

Chief Stubbs: After Decision



EXPIRES JANUARY 31, 2012

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

AME: CLARK, GICIOTT B CLASSIFICATION: FGF	
EPARTMENT: DIVISION OF FIRE DIVISION: FIRE	
ECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER THISTLEDOWN RACE TRACK	
21501 (-more) BD	
CLEVELAND OHTO : 616 662-8600	
OBTITLE: EMB/FIRST AID	
YPES OF DUTIES PERFORMED: EMS + FIRST A10	
OURS TO BE WORKED: De UTAS (WK	
am aware that in my secondary employment, the City of Cleveland has no responsibility for retions or any liability resulting therefrom, and that I must personally assume that responsibility obtain other liability insurance. further understand that if my City employment is adversely affected, my authorization for condary employment will be reveled.	or
condary employment will be revoked. I am also aware that my appointing authority may revois authority may revoid a rectal may be a revolved and rectal may authorize the revolved are rectal may be a revolved and r	ke
Ellet & Flan Apployee Signature 5/18/11 Date	
PPOINTING AUTHORITY DATE	
PARTMENT DIRECTOR DATE	

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more Information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1332008

03/30/2011 Thru 08/31/2011

HARRAH'S ENTERTAINMENT INC 21501 EMERY ROAD NORTH RANDALL OH 44128

ohlobwc.com

Steph_ Buch_

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment R	Request of	
	Michael Kilbane		
	(Employee Name)		
Date:	June 6, 2011		
I reviewed After careful	Approved	ge in Secondary Employment. d it be Disapproved Date	
	MApproved	Disapproved	
7.	Ohan Wahou		
Martin L. Fla	isk, Director	Date	
		ž.	

cc: Chief Stubbs: After Decision



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:Michael Kilbane	CLASSIFICATION: _	Lieutenant
DEPARTMENT: Public Safety	DIVISION:	Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER	
JOB TITLE: Wellness Consu	iltant and Speaker Se	ELF EmployED
TYPES OF DUTIES PERFORMED:		
HOURS TO BE WORKED:	15	
		The state of the s
I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	the City of Cleveland nat I must personally	has no responsibility for my assume that responsibility or
I further understand that if my City employn secondary employment will be revoked. I am als this authorization at any time based on the operat	O aware that my ann	cinting subbasits as a line
		Thoronoon Mobile of 125
Mund Kelle Employee Signature	-	5-31-11
AUTHORIZED BY:		Date
AUTHORIZED BY:		3 3 0
ADDOLLAR SHIP	<u>.</u>	6/7/11
APPOINTING AUTHORITY		DATE
DEPARTMENT DIRECTOR	20	1
		DATE
EXPIRES JANUARY 31, 2011 (NOTE: Appr	roval must be renev	wed annually)



то:	Martin L. Flask, Director Department of Public Safety Paul Stubbs, Chief			
FROM:				
	Division of Fire			
SUBJECT:	Secondary Employme	nt Request of		
	Michael Vazquez(Employee Name)			
Date:	September 23, 2011			
	5-ptc/mbc/ 25, 2011			
I reviewed After carefu	the attached request to end of the consideration, I recomme	engage in Secondary Employm nend it be	nent.	
	Approved	Disapproved		
04		9/26/11		
Chief, Divis	ion of Fire	Date		
	Approved	Disapproved		
May 9/26/2011				
Martin L. Fl	ask, Director	Date		

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Michael Vazquez	CLASSIFICATION:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	1
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
City of Medina 300 W Reagan Medina OH 44	Parkway		
JOB TITLE: Fir	efighter	and the state of t	
TYPES OF DUT	TES PERFORMED:		
firefighting and	I EMS		
HOURS TO BE	WORKED:	arious, on call departm	nent
actions or any	nat in my secondary employment liability resulting there from, and ability insurance.	, the City of Clevelar that I must personall	nd has no responsibility for m ly assume that responsibility o
secondary em	erstand that if my City employ ployment will be revoked. I am a ion at any time based on the oper	Iso aware that my ar	ppointing authority may revok
Employee Signa	ature	_	9-1-11 Date
AUTHORIZED			9/26/11
APPOINTING A	UTHORITY		DATE
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

03/2010

STATE OF OHIO

BUREAU OF WORKERS! COMPENSATION

OOU MBIJG, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD BRECIFIED BELOW

35205302

MEDITA
PO BOX 7034;
MEDITA OH

90172000 THRU 05/15/2010

March P. Payan

moo awdokto.viww

canton

THE CENTIFICATE WAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION.

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or bellef) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

BWC-1629 04/27/10 7:43 AM . DP-29

Con Updated.doc



	то:	Martin L. Flask, Director Department of Public Safety	ř
	FROM:	Paul Stubbs, Chief	
		Division of Fire	
	SUBJECT:	Secondary Employment Fire Investigation Unit	Request
		Joseph A. Stevens (Employee Name)	
	Date:	September 6, 2011	
1			
	I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be		
		Approved	Disapproved
feriws	Chief, Divis	Juy al	9/7/11 Date
		☐ Approved	Disapproved
	Chief, Divis	Mc Asatt ion of Police	9-19-11 Date
	1	Approved	Disapproved
	Martin L. Fla	L. Flak ab	9.21.4 Date

cc:

Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: JOSEPH A STEVENS Rank: FOF Badge: 7-2 Date of Appointment: 09-05-95
Present assignment: Office Car 713
Employer: WILLO SECURITY Address: 38230 GLENN City: Type of Business: 6600011Y
Address of Secondary Employment: CITY OF CLOVE Nature of Duties: SECURITY - TRAFFIC
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: SBM 1- A-MTO 9MM Serial #: FTX 602 Requalification Date: MARY II
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: ONE YEAR Maximum number of hours per week: LESS THEN ZO HAS TOS
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: CROAGA SBC LTD Address: 3511 G-RANTON, CLOVES Weekly Hours:
Employer: CRUAGA SEC LTD Address: 3511 GRANTON, CLOVE Weekly Hours: Employer: TENABLE Address: 2423 PAYNE, CLEVE Weekly Hours: Weekly Hours: Weekly Hours: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 3 each year.
Print Members Name: JOSSPH A STEVENS Signature: Date:
Arson Unit Chief: ///charl A. Od Date: 9/2/2011 Approved: Denied:
Chief, Division of Fire: Junforto Date: 9/7/1/ Approved: Denied:
Chief, Division of Police: Michael Mc Bath Date: 9-19-11 Approved: Denied:
Comments:
Approval: Date:
SAFETY DIRECTOR

09/16/11 FRI 07:16 FAX (Certificate of Coverage)

Puge I of 1

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This contines the employer listed below has paid into the Ohio Siste insurance Fund as required by law. Therefore, the employer is entitled to the rights and beneath of the fund for the period specified. For more information, call 1-800-OrtiOSWC.

This confidente must be conspicuously posted.

Pailoy No. and Employer

Period Specified Balow

1172711

WILLO SECURITY NO 38230 GLENN A E WILLOUGHBY DI AZOS2-7808

\$102/62/20 mut 1102/20/20

aniobwe.com

Stephen Bul

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004. Section 4123,64 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of stochol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical lesting may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Suresu of Workers'

You must pess use language wall use contribute of promium paymone,

DP-28 BWC-1829 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Directo Department of Public S	r afety
FROM:	Paul Stubbs, Chief	~
	Division of Fire	
SUBJECT	Secondary Employme Fire Investigation Un	ent Request lit
	<u>Daniel S. Viancou</u> (Employee Name)	ırt
Date:	September 28, 2011	
I reviewed After caref Chief, Divis	Depproved	engage in Secondary Employment mend it be Disapproved Date
Mycla Chief, Divis	Me Seath Sion of Police	□Disapproved 9-30- Date
Martin L. Fl	Approved Approved Sask, Director	Disapproved 10/3/01/ Date

An Equal Opportunity Employer

cc:

Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (X NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Daniel S. Viancourt Lt. Badge FF32 Date of Appointment: 05/08/1989
Present assignment: Office Car 713 X
Employer: Willo Security Address: 38230 Glenn Ave City: Willoughby Type of Business: Security
Address of Secondary Employment: Within the City of Cleve. Nature of Duties: Police Officer
Cleveland Arson Unit Uniform Worn: To Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: KKR147 Requalification Date: 03/10/11
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 1 Year Maximum number of hours per week: 10 hours
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Tenable Security Address: 2423 Payne Avenue, Cleveland Weekly Hours: 5 hours
Employer: Crough Security Address: 3511 Granton Avenue, Cleveland Weekly Hours: 5 hours
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? ☐ Yes ☒ No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? ☐ Yes ☒ No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: 1911/2/5/ianavayguature: 1
Arson Unit Chief: Em: Buchan ActaBC Date: 9-27-11 Approved: Denied:
Chief, Division of Fire: Date: Date: Date: Denied: Denied:
Chief, Division of Police: Mclaul Mc Spath Date: 9-30-11 Approved: Denied:
Comments:
Approval: Date:

Page 1 of 1



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This centifies the employer listed below has paid into the Ohio Siste Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-CHIOBWC.

This conficete must be conspicuously posted.

Pelloy No. and Employer

Period Specified Balow

1172711

07/01/2011 Thru 02/29/2012

WILLO SECURITY 38230 GLENN A WILLOUGHBY,

onlobwe.com

You can reproduce this cartificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove unitue the presumption (or ballet) that alcohol or a controlled substance not proscribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presonce of sicohol or a controlled substance was not the proximate cause or the work-related injury. An employee who tasts positive or refuses to submit to chemical tosting may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Suresu of Workers'

You must pest time language wall the continues of premium paymont,

P-28 AVIC-1829 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Directo Department of Public S	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT	: Secondary Employm Fire Investigation U	ent Request nit
	Joan M. Weir	
	(Employee Name)	
Date:	September 28, 2011	
I reviewed After care	the attached request to ful consideration, I recon	engage in Secondary Employment
	Approved	Disapproved
We	Sister of the second	8/20/
Chief, Divi	sion of Fire	Date
	Approved al Mc Ssattl	∐Disapproved
THICK C	al Mc Bath	9-30-11
Ciliei, Divi	sion of Police	Date
	Approved	Disapproved
_	~	Disapproyed
	1 an	10/3/2011
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

respectfully request permission XX NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Joan M. Weir Rank: FGF Badge FF30 Date of Appointment: 4/25/1985
Present assignment: Office Car 713 X
Employer: Willo Security Address: 38230 Glenn Ave City: Willoughby Type of Business: Security
Address of Secondary Employment: Within The City Of Cleve Nature of Duties: Police/Traffic
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: GAG 945 Requalification Date: June 3,1
and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 1 Year Maximum number of hours per week: 10 Hours
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Tenable Security Address:2423 Payne Ave., Cleve. Weekly Hours: 5 hrs
Employer: Croagh Security Address: 3511 Granton Ave., Cleve. Weekly Hours: 5 hrs
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Tase on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Joan M- Weir Signature: 000 W W Date: 9/27/11
Arson Unit Chief: Exi Bullage ACT B.C. Date: 9-27-11 Approved: Denied:
Chief, Division of Fire: Date: 9/8// Approved: Denied:
Chief, Division of Police: Date: Approved: Denied:
Comments:
Approval: Date:
SAFETY DIRECTOR

09/16/11 FRI 07:16 FAX (Certificate of Coverage)

Puge I of I



Bureau of Workers' Compensation

30 W. Spring 81. Columbus, OH 43215

Certificate of Premium Payment

This confiles the employer listed below has paid into the Ohio Siste insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OrtiOBWC.

This contineste must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1172711

WILLO SECURITY NO 38230 GLENN AVE WILLOUGHBY OF MELOUGHBY OF MELOUGHBY

07/01/2011 Thru 02/29/2012

aniabwc.com

Steph But

You can reproduce this cartificate as needed.

Ohlo Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that elcohol or a controlled substance not prescribed by the amployee's physician is the proximate cause (main reason) or the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or rafuses to submit to chemical testing may be disqualified for compansation and benefits under the Workers' Compensation Act.

Ohio

Suresu of Workers' Compensation

You must post this language with the contribution of projection garmon

DE-28 AWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	8	
FROM:	Paul Stubbs Chief		
	M: Paul Stubbs, Chief Division of Fire		
	DIVISION OF THE		
SUBJECT:	Secondary Employment R Fire Investigation Unit	equest	
	Richard R. Mizikar Jr.		
	(Employee Name)		
Date:	January 19, 2011		
	January 19, 2011		
	The second secon		
I reviewed After carefu	the attached request to enga Il consideration, I recommend	ge in Secondary Employment. d it be	
_	Approved		
	The policy of the second	Disapproved	
Vil.	No the last of the	1/19/11	
Chief, Divis	ion of Fire	Date	
		1 <u></u>	
	Approved	Disapproved	
Micla	Mc Seath ion of Police Chief	2-1-11	
Chief, Divis	ion of Police Chul	Date	
	July	a de la constante de la consta	
	Approved	Disapproved	
		☐ Disapproved	
Martin I El-	ack Director	D	
radicii L. Fic	ask, Director	Date	
cc: Chief	Stubbs: After Decision		

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

	☐ NEW REQUEST MENEWAL		
Name: RICHARD R. MIZIK	AR JR. Rank: FGF	Badge: FF34 Date o	f Appointment: 10 - 9 - 2000
Present assignment: Office C	ar 713 🔽		
VILLAGE OF			
Employer: NEW BURGH HOIGHES	Address: 4000 Washington	N & B. City: NEWBURGH H15.	Type of Business: Manualearny
Address of Secondary Employme	nt: 4071 6.49, N.H. OH	44105 Nature of Duties:	POLICE BASIC PATROL
Cleveland Arson Unit Uniform Wo	orn: Departmental Issue Other	Authorized Civilian Dress	
Description of Firearm: GLOCK NEWBURGH HTS. POLICE	21 Serial #: 60	cx 634	Requalification Date: 5-22-10
I am aware that in my secondary en	mployment, the City of Cleveland has	s no responsibility for my action	ns or any liability resulting there from,
and that I must personally assume	mai responsibility or obtain other liab	oility insurance.	
Worker's compensation cover I assume responsibility for wo letter is attached.	age letter attached. rker's compensation coverage for inji	uries received while engaged in	secondary employment. My coverage
Duration of Employment: 1	Maximum nu	imber of hours per week: 2	0
		111 200	
of not more than 12 hours on a sch	at hours for all secondary employmen eduled day off, nor more than six hou	t shall not exceed 20 hours in a urs on a work day.	one-week period, accumulated at a ra
Other Secondary Employment:			
Employer:	Address:		Weekly Hours:
Employer:	Address:		Weekly Hours
 Do employment duties con Will this employment invo 	sist of the direct/indirect dispensing	of intoxicating liquor or malt b	
I understand that if the answer to the furnished in this request is accurate employment.	ne above questions is "yes" permission and I understand that I am subject to	n to engage in secondary emplo o disciplinary action if I misrep	byment will be denied. Information resent the nature of the secondary
I understand that I shall have my iss secondary employment of a police n employment outside the City of Cle	ature. I understand that I cannot car	on my person and shall wear (ry or use Division firearms and	CPD issued body armor when working I intermediate weapons for secondary
each year.		uests must be received by the C	ary. Members shall submit renewal chief's Office no later than January 31
Print Members Name: KICHARD	R. MIZIKAR JR Signature:	RILLMS!	Date: 1/3///
Arson Unit Chief:///chay	ADOS JA	Date: 1/11/2011	Approved: Denicd:
Chief, Division of Fire:	Il May	Date: //9/11	_ Approved: Denied:
Chief, Division of Police:	Cal Mc Ssatt	Date: 2-1-11	_ Approved: Denied:
Comments:		The state of the s	
Lpproval:	2	Date:	
	SAFETY DIRECTOR	(ASST-995 - Laborator)	

STATE OF OHIO

BURBAU OF WORKERS COMPENSATION

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC:

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

FOLICY NO AND EMPLOYER

PERIOD SPECIFIED HELDW:

31815103

NO THRUEXPIRATION

NEWBURGH HEIGHTS VILLAGE 4000-WASHINGTON PARK BLYD NEWBURGH HT'S OH 44105

www.chlabwo.com MA:8/21/07 Marsh P. Pran

ADMINISTRATOR

THIS L'ERTE DATE MAY BE REPRODUCED AS WEEDER

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment F	Request of	
	Michael A. Darnell (Employee Name)		
Date:	Supplemental file and a supplementation and authorized the supplemental to the supplemental to the supplementation and the sup		
I reviewed to After careful	the attached request to engand consideration, I recommend	ge in Secondary Employment. d it be Disapproved	
Chief, Divisi	on of Fire	Date	
ļ	⊠Approved	Disapproved	
7	vodiano Mekron		
Martin L. Fla	sk, Director	Date	

Chief Stubbs: After Decision cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: MICHAEL A. DARDELLCLASSIFICATION: ASIST CHIEF
DEPARTMENT: SAFETY DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
NUR IDE. (RYAN HOMER)
6000 W SUDWILLE ROL REAKEVILLED Otto 44141
- 440-343-4896
JOB TITLE: PUDCH OUT PERAIR MAN
TYPES OF DUTIES PERFORMED: COSMETIC PEPAINS UN
NEW Itomze
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature Date
APPOINTING AUTHORITY DATE APPOINT DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

07/01/2011 THRU 02/29/2012

MICHAEL A DARNELL

CLEVELAND OH

ohiobwc.com

Steph Bucher Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	Brent Collins (Employee Name)	
Date:	August 15, 2011	
I reviewed After carefu	the attached request to enga Il consideration, I recommend	ge in Secondary Employment. d it be
00	Approved	Disapproved
Chief, Divisi	ion of Fire	S/15/11 Date
MA	Approved Stepoll	Disapproved
Martin L. Fla	ask, Director	Date

Chief Stubbs: After Decision cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	BRENT COLLINS	CLASSIFICATION: _	ASSIT. CHIEF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EN	MPLOYER NAME/ADDRESS/PHONE I	NUMBER	
CITY OF PAR 6281 PEARL F 440-884-9600	MA HTS RD. PARMA HTS.,OHIO 44130		
JOB TITLE: <u>SA</u>	FETY DIRECTOR		Parameter and the same and the
TYPES OF DUT	TES PERFORMED:		
POLICE/FIRE	ADMINISTRATOR		
HOURS TO BE	WORKED:	6-10 PER WEEK	
actions or any	nat in my secondary employment, liability resulting there from, and ability insurance.	, the City of Cleveland that I must personally	I has no responsibility for my assume that responsibility or
secondary emp	erstand that if my City employ ployment will be revoked. I am a ion at any time based on the opera	lso aware that my app	pointing authority may revoke
Employee Signa	V/		8-9-// Date
	A TOTAL PROPERTY AND A TOTAL P		Date
AUTHORIZED			8/15/11
APPOINTING A	8/16/	2011	DATE
DEPARTMENT I			DATE

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31807002

01/01/2011 Thru 05/15/2012



ohlobwc.com

Steph_ Bucha_

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section, 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers'

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: FRIC G. BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-1993
Present assignment: Office Car 713 🔀
Employer: Aeta Metal Address: 8300 Aeta Lot City: Cleve Type of Business: SCIAP YARD Address of Secondary Employment: 8300 Aeta, Rol. Nature of Duties: SECURITY
Address of Secondary Employment: 8300 Aetha Rd. Nature of Duties: SECURITY
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized X Civilian Dress
Description of Firearm: GLOCK 17 Serial #: FTX 193 Requalification Date: April 2010
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Year Maximum number of hours per week: 5 To 10 Hours
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a ra of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: ERIC G. BURCHAK Signature Cin Burken Sate: 9-9-10
Arson Unit Chief: Ed Mangar A. Date: 9-10'10 Approved: Denied:
Chief, Division of Fire: Date: 9/10/10 Approved: Denied:
Chief, Division of Police: Mclarl Mc Beatl Date: 9-14-10 Approved: Denied:
Comments:
Approval: TOMAL 9/16/2010 Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING INC 3296 COLUMBIA RD STE 101 RICHFIELD, OH 44286-9622

ohiobwc.com

Marshe P. Gar__

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

Public Safety – Division of Fire 2012 Secondary Employment Requests



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	y
FROM:	Paul Stubbs, Chief	
	Division of Fire	
	9	
SUBJECT:	Secondary Employment F	Request of
	Patrick Moner	
	(Employee Name)	
Date:	January 5, 2011	
I reviewed t After carefu Chief, Division	Approved	ge in Secondary Employment. d it be Disapproved Date
Nant L. Nartin L. Flas	Approved Elsh Sk, Director	Disapproved 7 JAN 2012 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: PATRICK J. Moner	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
Continental Airlin	es akp, (Inited Lord orderess:
Corporate Address 1600 Smith Stree	THOSEK 5300 Riverside
Houston Tx 7700	o Cleveland, OH
JOB TITLE: RAMP CSA	1 216- FOL 570
TYPES OF DUTIES PERFORMED: CUSTOM	en Service Agent
HOURS TO BE WORKED: PART-T	ime
I am aware that in my secondary employment actions or any liability resulting therefrom, and the obtain other liability insurance.	the City of Cleveland has no responsibility for my nat I must personally assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am all this authorization at any time based on the ope	ment is adversely affected, my authorization for so aware that my appointing authority may revoke rational needs of the department/division.
Employee Signature	
AUTHORIZED BY:	and the same of th
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)



30 W. Spring St.

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com 1-800-OHIOBWC

Columbus, OH 43215-2256

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005372	Period Specified Below
CONTINENTAL AIRLINES, INC. 1600 SMITH ST HOSRK HOUSTON, TX 77002	1st DAY OF February 201
	1st DAY OF February 2012

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	:y
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	<u>Donald Muetzel</u> (Employee Name)	
Date:	January 23, 2012	
I reviewed to After careful Chief, Division	Approved	age in Secondary Employment. d it be Disapproved Date
E	Approved	Disapproved
Martin L. Flas	Manager Sk, Director	3 0 JAN 2012 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Donald Muetzel	CLASSIFICATION: _	Lieutenant
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER	
Greller & Company 6668 Engle road Middleburg 1-216-433-0200	Hts. Ohio	
JOB TITLE: Driver, Mechanic		
TYPES OF DUTIES PERFORMED:		
Shipping, Machine mechanic, driver.		
HOURS TO BE WORKED:	20	
I am aware that in my secondary employment, actions or any liability resulting there from, and obtain other liability insurance.	the City of Cleveland that I must personally a	has no responsibility for massume that responsibility o
I further understand that If my City employs secondary employment will be revoked. I am all this authorization at any time based on the opera	so aware that my appo	inting authority may rount
Dunch F Auto J. Employee Signature	² = .	0/-20-2012 Date
AUTHORIZED BY		1/24/12
APPOINTING AUTHORITY		DATE
DEPARTMENT DIRECTOR	- <u>ī</u>	DATE
EXPIRES JANUARY 31, 2012 (NOTE: App	roval must be renew	ed annually)

13

03/2010



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

09/15/2011 THRU 02/29/2012

GRELLER & COMPANY INC 6668 ENGLE RD CLEVELAND OH 44130-7905

ohiobwe.com

Administrator/CEO

You can reproduce this certificate as needed.



Fra e _{ti}

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	!
FROM:	Paul Stubbs Chief	
, KOPI	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	Rafael Muniz	
	(Employee Name)	
Date:	January 6 2011	
	January 6, 2011	
I reviewed to After carefu	the attached request to engal consideration, I recommend	ge in Secondary Employment. d it be Disapproved
Chief, Divisi	on of Fire	Date
	Approved Mans 1/9/2012 sk, Director	Disapproved '1 7 JAN 2017 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	RAFAEL MUNIZ JR	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	W W 10110000000000000000000000000000000
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	UMBER	
	AND MASSILLION RD. IO 44321-1908		
	RAMEDIC / FIREFIGHTER		
TYPES OF DUT	TES PERFORMED:		
PROVIDE ALS TOWNSHIP	S CARE AND FIRE SUPPRESSION	TO CITIZENS OF (COPLEY
HOURS TO BE	WORKED: APPROXIMA	TELY 12-24 HOURS	PER MONTH
actions or any	eat in my secondary employment, liability resulting there from, and to ability insurance.	the City of Cleveland nat I must personally	d has no responsibility for m assume that responsibility o
secondary emp	erstand that if my City employn ployment will be revoked. I am als on at any time based on the operat	o aware that my app	pointing authority may revok
PE		_	1/6/12
Employee Signa	tyre		Date
AUTHORIZED I			11
APPOINTING A	UTHORITY	¥	DATE
DEPARTMENT D	DIRECTOR		DATE
EXPIRES JAN	UARY 31, 2011 (NOTE: App	roval must be rene	wed annually)
	and the second		

03/2010



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012



ohiobwc.com

Steph Buch

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment	Request of
	John O'Flaherty (Employee Name)	L
Date:	January 30, 2012	
	the attached request to engul consideration, I recomme	_
	MApproved	☐Disapproved
	. The second second	1/30/12
Chief, Divis	sion of Fire	Date
	Approved	Disapproved
	mahar /31/2012	3.1 JAN 2012
Martin L. F	lask, Director	Date
cc: Chief	f Stubbs: After Decision	
COI CITICI	COURSE MILE DECISION	



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: John O'Flaherty	CLASSIFICATION: Lieutenant	
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER	
ProEd Communications, Inc. 25101 Chagrin Blvd. Suite 230 Beachwood, OH 44122 216-595-0757		
JOB TITLE: Associate Scientific Director		
TYPES OF DUTIES PERFORMED:		
Medical/scientific communications and scientific co presentations, scientific tactics and strategies.	onsulting. Preparation of medical manuscripts,	
HOURS TO BE WORKED: 9am to 5pm on days	s off from station; ~20-24 hours per week	
I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	the City of Cleveland has no responsibility for nat I must personally assume that responsibility	ny or
I further understand that if my City employmesecondary employment will be revoked. I am also this authorization at any time based on the operation	a aware that my appointing authority may royal	or <e< td=""></e<>
1 hatalle	1-24-12	
Employee Signature	Date	
APPOINTING AUTHORITY	1/30/12 DATE	
DEPARTMENT DIRECTOR	DATE	

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)

Ohio

Bureau of Workers'

SHIPLIA BY

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

.

Policy No. and Employer

Period Specified Below

1072386

07/01/2011 THRU 02/29/2012

PRO ED COMMUNICATIONS INC 25101 CHAGRIN BLVD SUFTE 23(BEACHWOOD OH 44122 Administrator/CEO

You can reproduce this certificate as needed.

You can r

ohiobwc.com



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Michael P, O'Malle (Employee Name)	еу
Date:	January 6, 2012	
	the attached request to engage all consideration, I recommend the second	
hate Martin L. F	Dapproved L. Clash lask, Director	Disapproved '0 7 JAN 201? Date

cc: Chief Stubbs: After Decision



EXPIRES JANUARY 31, 2013

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: MICHAEL P. OMAlly	CLASSIFICATION: FIREFILATE / EMT
DEPARTMENT: Public SAFERY	DIVISION: EIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	
1370 ENTA	MA May Co. LAA 210 STREET, #1350
	, Ohio 44113 (216)241-6868
JOB TITLE: ATTORNEY	
TYPES OF DUTIES PERFORMED:	te Services
DURS TO BE WORKED: TWENTY	(To) pri week
I am aware that in my secondary employment actions or any liability resulting therefrom, and the obtain other liability insurance.	, the City of Cleveland has no responsibility for monat I must personally assume that responsibility o
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the ope	ment is adversely affected, my authorization follows aware that my appointing authority may revokerational needs of the department/division.
While Ellie	12-30-11
Employee Signature	Date
AUTHORIZED BY:	1/6/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
DEFACTOR DIRECTOR	

(NOTE: Approval must be renewed annually)



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

739837

07/01/2011 THRU 02/29/2012

GRANT & 1370 ONT CLEVELAN

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An amployee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safe	ty
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Fire Investigation Unit	Request
	Patrick O'Malley	(Employee Name)
Date:	January 30, 2012	
	the attached request to en ul consideration, I recomme	gage in Secondary Employment. end it be
D	DApproved	□Disapproved
Chief, Divis	sion of Fire	Date
ar A	Approved AM U. A	☐Disapproved
Mcla Chief, Divis	sion of Police Chief	<u> </u>
	Approved	Disapproved
	Mohan	18 8 AF 12012
Martin L. F	lask, Director	Date

Chief Stubbs: After Decision cc:

FORM AA

SECON	DARY EMPLOYMENT RE	QUEST FORM FOR ME	MBERS OF ARSON	
I respectfully request permission	(NEW REQUEST R	RENEWAL) to engage	in secondary employment.	
Name: Patrick D. O'Malley	Rank: Fgf.	Badge: FF#15	Date of Appointment: May	1994
Present assignment:	Car 713			
Employer: Cleveland State	Address: 2121 Euclic	l Ave. City: Cle	veland Type of Business:	College
Address of Employment: 1840 Ch	ester Ave.	Nature of Duties: _I	P/T Police Officer	
Cleveland Arson Unit Uniform Wor				
Description of Firearm: Glock 19	Serial #	4: GAG 894	Requalification Date: 03/01	/12
I am aware that in my secondary em and that I must personally assume th Worker's compensation coverag I assume responsibility for wor- letter is attached.	at responsibility or obtain other ge letter attached.	r liability insurance.	my actions or any liability resulti	/®
Duration of Employment: Jan 1,20	112- Jan 1,2013 Maxim	um number of hours per w	eek: 20hrs.	
I understand that the combined total of not more than 12 hours on a scheol			nours in a one-week period, accur	mulated at a rate
Other Secondary Employment: Employer:	Address:	V 2 40.7	Weekly Hours:	-
Employer:	Address:		Weekly Hours:	 .
Will this employment invol		of age for the purchase of in	or malt beverages? Yes [] ntoxicating liquor or malt beverage	
I understand that if the answer to the furnished in this request is accurate employment.				
I understand that I shall have my iss secondary employment of a police n employment outside the City of Clev	ature. I understand that I cannot			
I understand that authorization to en requests between November 1 and Γ December 31 each year.				
Print Members Name: Patrick D.	O'Malley Sign	ature: Tatal D.	omally	Date: 1-12-1
Arson Unit Chief:		Date: A	pproved: Denied: Denied:	
Chief, Division of Fire:	0.0 11 11	Date: Aj	pproved: Denied: D	
Chief, Division of Police:	Karl Mc Skatt	Date: Z-/7-/2 A	pproved: Denied: 🗌	
Comments:	Chif	7	12	
Approval:	,	Date:		

SAFETY DIRECTOR



NAME: PATRICK D. O'MALLEY CLASSIFICATION: FIREFIGHTER /EMT
DEPARTMENT: PUBLIC SAFETY DIVISION: Ties
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
CLEUFLAND STATE UNIVERSITY
2121 EUCCID AVE PS 210
CLEVELAND, OHIO 44115- 2214
JOB TITLE: PART TIME SWORN POLICE OFFICER, TEST FIRE PUMPS & SPRINKIER.
TYPES OF DUTIES PERFORMED: POLICE DOTIES AT SPECIAL EVENTS.
FIRE RIME TESTING.
OURS TO BE WORKED: TWENTY PER WEEK
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature Date
To be the second

EXPIRES JANUARY 31, 20(13) (NOTE: Approval must be renewed annually)



Cleveland State University

Department of Environmental Health and Safety

January 10, 2012

Chief Paul Stubbs City of Cleveland, Division of Fire 1645 Superior Avenue Cleveland, OH 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a member of the Department of Environmental Health & Safety (EHS) at Cleveland State University on a part-time, as needed basis.

The Cleveland State University Department of EHS releases the City of Cleveland and the Cleveland Fire Department from any and all responsibility and/or liability for the actions of Mr. O"Malley while on authorized duty for the Cleveland State University Department of EHS.

All part-time employees of the Department of EHS at Cleveland State University while on duty as authorized by the department, are considered as working in the capacity of an employee of the Cleveland State University Department of EHS, which takes all responsibility and liability for those employee's authorized actions during such duty period(s). Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work-related injuries or illnesses arising out of employment during authorized duty periods with the University.

Cleveland State University's risk number is: 10003128000.

Please feel free to contact me at <u>r.grindlev@csuohio.edu</u> or (216) 687-9338 should you need clarification or additional information.

Cordially,

Robert S. Grindley, BA, CHCM, CHS, CHSP Director of Environmental Health & Safety

RSG/sl



January 10, 2012

Police Department

Chief Paul Stubbs
City of Cleveland
Division of Fire
1645 Superior Ave.
Cleveland, Ohio 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a sworn employee of the Cleveland State University Police Department on a part-time, as needed basis.

The Cleveland State University Police Department releases the City of Cleveland, and the Cleveland Fire Department, from any and all responsibility and/or liability for the actions of Officer Patrick O'Malley while on authorized duty for the Cleveland State University Police Department.

The Cleveland State University Police Department employs certain qualified persons in the position of Part Time Sworn Police Officer. All such employees, while on duty as authorized by this Department, are considered as working in the capacity of an employee of the Cleveland State University Police Department, which takes all responsibility and liability for those Officers' authorized actions during such duty period(s).

Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work related injuries or illnesses arising out of employment during authorized duty periods with the University.

The Cleveland State University's Risk number is 10003128000.

Please feel free to contact either Lieutenant Joseph King of the Special Events Unit or myself if you need further information.

Sincerely,

David L. Buckingham Assistant Director of

Campus Safety / Police

Commander

DLB / ke



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment R	equest of	
	<u>Kirk Pitts</u> (Employee Name)		
Date:	January 30, 2012		
	UApproved	ge in Secondary Employment d it be Disapproved Date	
Martin L. F	RApproved Watau /31/6012 lask, Director	Disapproved 3 1 JAN 2012 Date	

Chief Stubbs: After Decision cc:



NAME: Kick Pitts	CLASSIFICATION: Fire Frakter
DEPARTMENT: Public SAFtey	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
Cleveland Clinic	
9500 Euzlid Aue 44195	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Workers Comp. Info Michel	le Cepil (216)445-5063
JOB TITLE: PACAMELIC	
TYPES OF DUTIES PERFORMED: First A	de
	+
* (4)	
actions or any liability resulting therefrom, and t	t, the City of Cleveland has no responsibility for methat I must personally assume that responsibility of
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the open	yment is adversely affected, my authorization for all all all all all all all all all al
Olina Patha	1-21-12
Employee Signature	Date
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

Columbus, OH 43215-2256

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period	I Specified Belov	W
1st	DAY OF	January 2012
lst	DAY OF	January 2013

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Michael Rabkewych
(Employee Name)

Date:

January 30, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

Martin L. Flask, Director

0 7 FEL 2012

Date



NAME: Michael Rabkewych	CLASSIFICATION: Lieutenant
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	E NUMBER
Aeromay 2000	
Aeromag 2000 6030 Cargo Rd.	· ·
Clexeland OH 44135	(216) 267-7172
in The Discost Designing to	echnician
TYPES OF DUTIES PERFORMED: <u>de-ice</u>	aircraft @ Hopkins airport
THE OF DOTALD PLICE OF THE STATE OF THE STAT	-
HOURS TO BE WORKED: approx- 10	hrs. / week
I am aware that in my secondary employment actions or any liability resulting therefrom, and obtain other liability insurance. I further understand that if my City employments.	nt, the City of Cleveland has no responsibility for my that I must personally assume that responsibility or byment is adversely affected, my authorization for also aware that my appointing authority may revoke
Employee Signature	1-34-12: Date
AUTHORIZED BY:	1/30/12
Appointing authority	DATE 2-7-/2-
DEPARTMENT DIRECTOR	DATE

Expiess Jan. 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public S		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employm	ent Request of	
	Daniel Roc	7 T. N. C	
	(Employee Na	me)	
Date:	e: March 15, 2012		
	the attached request to ul consideration, I recor	engage in Secondary Employment. nmend it be	
¥	Approved	□Diṣapproved	
Chief, Divis	sion of Fire	3/15/12 Date	
	Approved	Disapproved	
	Mah	1 6 APR 2012	
Martin L. F	lask, Director	Date	



NAME:	Daniel Rocco	CLASSIFICATION: _	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHON	E NUMBER	
Daniel Rocco			
westiake, Chic	>		
JOB TITLE: Re	esidential Appraiser	-0.00	,
TYPES OF DUT	TIES PERFORMED:		
Provide marke	t valuation for residential and mul	lti-family dwellings.	
	WORKED:		
actions or any	hat in my secondary employme liability resulting there from, ar ability insurance.	nt, the City of Cleveland that I must personally	d has no responsibility for my assume that responsibility or
secondary em	lerstand that if my City employment will be revoked. I am tion at any time based on the op	also aware that my ap	pointing authority may revoke
Employee Sign	ature)	3/2/20/2 Date
AUTHORIZED APPOINTING	Sell Sell	S 1	3/13/12 DATE
DEPARTMENT	DIRECTOR		DATE

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: APPLICATION NUMBER: 75510313

Daniel Rocco

Westlake, OH

2/23/2012 Thru 8/31/2012

ohiobwc.com

Stephen Buchan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

O:	

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary Employn	WW	
	Raymond (Employee Na		
Date:	February 21, 2	012	
	MATERIAL CONTRACTOR OF THE CON		<u></u>
	the attached request to all consideration, I reco	o engage in Secondary Employi mmend it be	ment.
0	Approved	Disapproved	
Chief, Divis	ion of Fire	<u>2/21/12</u> Date	
	Approved	Disapproved	
	ML	1 8 APR 2012	
Martin L. Fl	ask, Director	Date	

Chief Stubbs: After Decision cc:



NAME: RAYMOND RUFFIN	CLASSIFICATION: FIRE FIGHTER
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
HIGHLAND HILLS VILLAGE F.D. 4019 NORTH 44122/ 216-591-2312	IFIELD RD. HIGHLAND HILLS, OH.
JOB TITLE: CAPTAIN HHED	The state of the s
TYPES OF DUTIES PERFORMED:	
MEDICAL AND SUPPRESSION DUTIES	
HOURS TO BE WORKED:	20HRS/WEEK
I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	the City of Cleveland has no responsibility for my nat I must personally assume that responsibility or
I further understand that if my City employm secondary employment will be revoked. I am also this authorization at any time based on the operation	nent is adversely affected, my authorization for o aware that my appointing authority may revoke ional needs of the Department/Division.
Employee Signature	Date / 20/20/
AUTHORIZED BY:	2/2/12
APPOINTING AUTHORITY	DATE 16/2013
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



Village of Highland Hills

Robert L. Nash, Mayor Fire Department

January 31, 2012

To Whom It May Concern:

The Highland Hills Fire Department provides Ohio Worker's Compensation coverage and in addition, we are also members of the Volunteer Firefighters' Dependants Fund.

If you need further information, please feel free to contact me at (216) 591-1021.

Sincerely,

Arthur Timmons, Chief

Highland Hills Fire Department

AT:II



City of Cleveland Memorandum Frank G. Jackson, Mayor

го:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	9
SUBJECT:	Secondary Employment Re	equest of
	Bruce Ryan (Employee Name)	
Date:	February 6, 2012	
	the attached request to engage of the consideration, I recommend Approved	
Chief, Divis	III .	2/6/13 Date
	Approved	Disapproved
hart	L. Flok M	0 7 FES 2012
Mártin L. Fl	ask, Director	Date



NAME: <u>GRUCE RYAN</u> CLAS	SIFICATION: 27.
DEPARTMENT: <u>SAFBTY</u> DIVIS PRENHILL WILL FAX WORKERS CONP. CERTIN SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	SION: FIRE FICATE TO HEADQUARTERS ATTN; CHIEF O'TOOLE
OPARMA CITY SCHOOLS 5311 LONGWOOD	O AVE. PARMA, OHIO 44134 440-842-5300
DBRECHSVILLE CITY SCHOOLS 6638 A (I AM EMPLOYED BY RENILL CROSS BUT SUBATE JOB TITLE: SUBSTITUTE TEACHER	SOTH SCHOOLS 28315 KENGINGTON LANE SOITE & PERPESBURE ONIO 4355
TYPES OF DUTIES PERFORMED: SUBSTITUTE	1 16 010
GRADES 7-12	
HOURS TO BE WORKED: 8 To 16 PER I am aware that in my secondary employment, the Ci	ity of Cleveland has no responsibility for my
actions or any liability resulting therefrom, and that I mobile obtain other liability insurance.	lust personally assume that responsibility or
I further understand that if my City employment is secondary employment will be revoked. I am also awa this authorization at any time based on the operational n	re that my appointing authority may revoke
Employee Signature	1-1/-2012 Date
AUTHORIZED BY:	2/6/12
APPOINTING AUTHORITY Phart U. F/skub DEPARTMENT DIRECTOR	DATE 2-1-12 DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



February 2, 2012

Chief Timothy O'Toole Executive Office of the Cleveland Fire Department

Dear Chief O'Toole,

This email confirms that Lieutenant Bruce Ryan is a current substitute with The Renhill Group. He is covered under the Ohio's Bureau of Workers Compensation per state regulations.

If you have any questions, I can be reached at 1.800.776.8722 ext. 2830.

Thank you,

Jamila Hatcher

Operations Manager The Renhill Group



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director Department of Public Safety FROM: Paul Stubbs, Chief Division of Fire SUBJECT: Secondary Employment Request of Andre Sawyer (Employee Name) January 23, 2012 Date: I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be Approved Disapproved Chief, Division of Fire Date Approved Disapproved notion 1/2 bora 3 1 JAN 2512 Martin L. Flask, Director Date



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Andre Sawyer, Sr.	CLASSIFICATION: _	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EN	MPLOYER NAME/ADDRESS/PHONE N	UMBER	9
Donald Marten 6900 Lake Abr Middleburg Hts			
Winderenting 11th	s. O11.	1 to	
JOB TITLE: Squ	uad driver	, Y	
TYPES OF DUT	IES PERFORMED:		
Patient transpor	t	810	
	7.0		
	5	点 其	
HOURS TO BE	WORKED: Various	not to exceed 20 hours	a week
	- CHILDRIN		
actions or any	at in my secondary employment, liability resulting there from, and t bility insurance.		
secondary emp	erstand that if my City employr ployment will be revoked. I am also on at any time based on the operat	so aware that my app	pointing authority may revoke
	0 1		
<u>(</u>	1. Somy	<u> </u>	1-21-12
Employee Signa			Date
AUTHORIZED		a _y	1/24/12
APPOINTING AL	JTHORITY	7-4 11 11 11	DATE
DEPARTMENT D	PIRECTOR		DATE
EXPIRES JAN	UARY 31, 2012 (NOTE: App	proval must be rene	wed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC 6900 LAKE ABRAMS DR CLEVELAND OF 44130-3457

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	*		
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT:	Secondary Employment Re <u>John Schuler</u> (Employee Name)	equest of		
Date:	February 6, 2012	ž		
I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be				
	Approved	□Disapproved		
Chief, Divis	ion of Fire	2/6/12 Date		
Martin L. Fl	C. flashwas ask, Director	Disapproved # 7 ftt 2012 Date		



NAME: John Schuler CLASSIFICATION: FGF
DEPARTMENT: Public SafeTy DIVISION: Fine
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER MARTERS 6900 (Ake Abrahams
middleburgh LTS
JOB TITLE: AMSulance daven
TYPES OF DUTIES PERFORMED: THANSPORTING PATTOENTS
HOURS TO BE WORKED: 20hrs/week
I am aware that in my secondary employment, the City of Cleveland has no responsibility for mactions or any liability resulting therefrom, and that I must personally assume that responsibility obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature 1-3/-/2 Date
AUTHORIZED BY
Marta L. Flak 2-8-12
EXPIRES INVIARY 31 2008 (NOTE: Approval must be serviced approval



(TAA)

P. UUZ/ UU4

Date:

12,15,11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director 440-234-6000

bryan@martensambulance.com





City of Cleveland Memorandum Frank G. Jackson, Mayor

10:	Department of Public Safe	ty	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment Terry Scott (Employee Name)	un balantarion marco met ara s	
Date:	ate: January 30, 2012		
	the attached request to en ul consideration, I recomme	gage in Secondary Employment. and it be	
	Approved	Disapproved	
Chief, Divis	sion of Fire		
Martin I. F	MApproved Malaw /31 kops Jask, Director	Disapproved 3.1 JAN 2012 Date	
	mary sell water		



NAME:	Terry Scott	CLASSIFICATION:	Lt.
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
Mentor Fire De 8467 Civic Cer Mentor Ohio, 4 440-974-5768	nter Blvd.		
JOB TITLE: Eir	e Inspector		
TYPES OF DUT	TIES PERFORMED:		
Plan reviews o	s of businesses in the city f construction projects, new alarm, sprinkler, fire pump		
HOURS TO BE	WORKED:	0730-1600 @ 20 hours	wk
actions or any			nd has no responsibility for my y assume that responsibility or
secondary em	ployment will be revoked.		affected, my authorization for pointing authority may revoke epartment/Division.
Employee Signa	Scatt		1/15/12- Date
AUTHORIZED APPOINTING A	Sill .	1 1 1000	1/30/12 DATE
DEPARTMENT		e Person of Community and	DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD. MENTOR, OHIO 44060 ADMINISTRATION 440/974-5765

FIRE PREVENTION 440/974-5768

PUBLIC EDUCATION 440/974-5769

CLEVELAND LINE 440/942-8796

> FAX 440/974-5706

January 19, 2012

To Whom It May Concern;

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

Robert M. Searles Deputy Chief

RS:san



City of Cleveland Memorandum Frank G. Jackson, Mayor

yment.

Chief Stubbs: After Decision cc:



NAME: BICHARD SERTRAND CLASSIFICATION: FGF
DEPARTMENT: Dept. of Safety DIVISION: DIV. of FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
Aeromag2000-CLE
P.O. Box 81256
Cleveland, DHio 44/81-0256
JOB TITLE: Operations Lead
TYPES OF DUTIES PERFORMED: De ice Aircrafts
HOURS TO BE WORKED: <u>Part - Hime</u> I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Kuchan Donard 01/29/12 Employee Signature Date
APPOINTING AUTHORITY DATE
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Runua

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	David Shea (Employee Name)	
Date:	January 23, 2012	
	the attached request to engage al consideration, I recommend	
	□Approved	Disapproved
Chief, Divis	sion of Fire	<u>//24//2</u> Date
	Approved	Disapproved
ä	makan ask, Director	3 D JAN 2012
Martin L. Fl	ask, Director	Date



NAME: DAVIO P. SHEA CLAS	SIFICATION: <u>FGFF</u>
DEPARTMENT: Public Safety DIVI	SION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBE DONALD MARTENS 9 6900 LAKE ABRAN 216-234-6000	4 SON AMBULANCE
JOB TITLE: SQUAD EMT	
TYPES OF DUTIES PERFORMED: TRANSPORTING OF PATI SOUAD.	ENTS IN COMPANY
HOURS TO BE WORKED:	1-2 Times WEEKLY
I am aware that in my secondary employment, the Cactions or any liability resulting there from, and that I obtain other liability insurance.	lity of Cleveland has no responsibility for moments of the moments of the momentum of the mome
I further understand that if my City employment secondary employment will be revoked. I am also aw this authorization at any time based on the operational	are that my appointing authority may revok
Employee Signature	1/18/12 Date
AUTHOBEZED BY:	1/24/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
(3 EXPIRES JANUARY 31, 20胞 (NOTE: Approva	I must be renewed annually)



Date:

12,15,11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com





City of Cleveland Memorandum Frank G. Jackson, Mayor

Martin L. Flask, Director Department of Public Safety	
Paul Stubbs, Chief Division of Fire	si .
Secondary Employment Re	equest of
(Employee Name)	
January 30, 2012	
the attached request to engage al consideration, I recommend	
Approved	Disapproved
sion of Fire	
☑Approved	Disapproved
nodau /3/4012	3, 1 JAN 2012
lask, Director	Date
	Paul Stubbs, Chief Division of Fire Secondary Employment Re William Sibert (Employee Name) January 30, 2012 the attached request to engaged consideration, I recommend (Approved) Japproved Approved Approved Approved



NAME: Sibert, WM. J. CLASSIFICATION: FOF
DEPARTMENT: Public Safety DIVISION: FIRE CHELL 39 Payroll #82480
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
St. Joseph Academy
3430 POCKY RIVER DOINE.
Cleveland, OH. 44110
JOB TITLE: BUS, Driver, Custadian
TYPES OF DUTIES PERFORMED:
Drive School Bus, Custodial work
HOURS TO BE WORKED: 20 hrs. per week
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature $\frac{1-18-12}{\text{Date}}$
APPOINTING AUTHORITY APPOINT DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifles the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

01/01/2011 Thru 08/31/2011

SAINT JOSEPH ACADEMY 3430 ROCKY RIVER DR CLEVELAND, OH 44111-2937

ohiobwc.com

Steph Buch

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	<u>John Simmerly</u> (Employee Name)	
Date:	February 6, 2012	
	the attached request to engaged all consideration, I recommend	
	Approved	Disapproved
De	State of the state	2/6/12
Chief, Divis	sion of Fire	Date
	Approved	Disapproved

9.1 1 - 2612

Date



NAME:	John Simmerly	CLASSIFICA	ATION:	FGF	
DEPARTMENT:	Public Safety	DIVISION:	Fire		
SECONDARY E	MPLOYER NAME/ADDRESS	PHONE NUMBER			ži
AeroMag 2000 6030 Cargo Rd Cleveland, OH	I		8 9 35		
			9) H	स	
JOB TITLE: Air	craft Deicer				
TYPES OF DUT	TIES PERFORMED:				
Deice Airplane	es				
I am aware ti	WORKED:hat in my secondary emplication in the secondary emplication	ployment, the City of	Cleveland ha	is no responsibl	lity for my
	ability insurance.	om, and that I must p	Jersonany ass	same that respo	ansibility of
secondary em	lerstand that if my City ployment will be revoked tion at any time based on	d. I am also aware tha	at my appoin	ting authority n	nay revoke
Employee Sign	ature (The second of the second	Da	ite	
AUTHORIZED	BY: C. DV				
Sell 1				2/6/12	
APPOINTING A	AUTHORITY , g		D/	2/6/12 ATE 2-1-12	
Maste	L. Flah mb		and a	フ・フ・ノン	<u>(</u>
DEDARTMENT	DIRECTOR		D/	ATE	-

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary Employm	ent Request of
	Jim Sliter (Employee Na	me)
Date:	February 6, 2012	ž.
	the attached request to al consideration, I reco	o engage in Secondary Employment. mmend it be
.074210	Approved	Disapproved
Chief, Divis	sion of Fire	2/6/12 Date
	MApproved	Disapproved
hont	L. Plaked	8 7 FEL 2012
	lask, Director	Date



NAME:	Jim Sliter	_ CLASSIFICA	ATION:	FGF	
DEPARTMENT: P	ublic Safety	_ DIVISION:	Fire	A A SAN THE SA	
SECONDARY EMP	LOYER NAME/ADDRESS/PI	HONE NUMBER			
AEROMAG 2000 6030 CARGO RI CLEVELAND O 952-4472)		8 E	***	
JOB TITLE: AIRC	RAFT DE-ICER		3 3 1 		
TYPES OF DUTIES	S PERFORMED:			¥	
DE-ICE AIRCRA	FT				
v	ű			를 성 경	
HOURS TO BE W	ORKED:	16\WEEK SE	ASONAL	200 VIII (100 E 100 E	
actions or any lia obtain other liabil I further unders secondary emplo	in my secondary employ bility resulting there from ity insurance. Itand that if my City eyment will be revoked. I at any time based on the	mployment is adv	ersonally assu ersely affecte t my appointle	me that responsible d, my authorization authority may re	ility or
An .	560	*		-31-12	
Employee Signatur	e		Date)	
APPOINTING AUT	L. Flak NB	······································	DAT	2-7-12	

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

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Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Employment I	Request of		
	Michael W. Smith			
	(Employee Name)			
Date:	Pate: December 16, 2011			
	the attached request to eng al consideration, I recommer	age in Secondary Employment. nd it be		
	Approved	□Disapproved		
01	S. S. M	12/16/11		
Chief, Divis	ion of Fire	Date		
	Approved	Disapproved		
フ	18 Jun 4/19/2011			
Martin L. Fl	ask, Director	Date		

Chief Stubbs: After Decision cc:



NAME: Michael W. Swith CLASSIFICATION: FIRE Fighter En
DEPARTMENT: FIRE DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
DONALD MARTENS & SONS AMBULANCE
6900 LAKE Abrams Dris
hisolaburg bets.
JOB TITLE: AMBULANCE DRISER / EUT
TYPES OF DUTIES PERFORMED: Transport patitions
Acquiring the second of the se
HOURS TO BE WORKED: 20
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature Date
AUTHORIZED BY: 12/16/11
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC 6900 LAKE ABRAMS DR

CLEVELAND OH 44130-3457

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment Re	equest of	
	<u>Donald Taylor</u> (Employee Name)		
Date:	February 21, 2012		
	the attached request to engage of the consideration, I recommend Papproved	it be □Disapproved	
Chief, Divis	ion of Fire		
Martin L. Fl	MApproved May 14/202 ask, Director	Disapproved NAPE 2012 Date	



Kenewal! Stort

SECOND

CLASSIFICATION: FIRE DIVISION: SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER TYPES OF DUTIES PERFORMED: Pazi 1. HOURS TO BE WORKED: I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance. I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division. Employee Signatur AUTHORIZED BY APPOINTING AUTHORITY DATE DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

2013

216-221-6000 216-281-8500 (FAX)

www.MobilMartin.com

1279 West 73rd Street Cleveland, Ohio 44102

Mobil Martin, Inc. **Emergency Medical Service**

January 1, 2012

To Whom It May Concern:

Enclosed is our proof of Worker's Compensation Liability through Ohio BWC. Please let me know if you need anything else. You may reach me at scrowe@mobilmartin.com or call me at (216) 281-7777.

Sincerely,

Scott J. Crowe

HR/Payroll Administrator



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1263014

07/01/2011 Thru 02/29/2012



ohiobwc.com

Stephen Bieling

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

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Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
Date:	(Employee Name) January 30, 2011	
	the attached request to engage al consideration, I recommend	
Chief, Divis	ion of Fire	Disapproved 1/3//2 Date
Martin L. F	MApproved Noskaw /3/2012 Jask, Director	Disapproved 3 1 JAN 2012 Date

cc:



NAME:	David J. Telban	CLASSIFICA	ATION:	Lieutenant
DEPARTMENT:	Public Safety	DIVISION:	Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	IUMBER		
Cleveland Clin	ic / 9300 Euclid Avenue / 1-440-824	1-6116		
JOB TITLE: Pa	ramedic			SATURAL TO THE PARTY OF THE PAR
TYPES OF DUT	TES PERFORMED:			
Patient care, Do	ocumentation			
HOURS TO BE	WORKED:	20		
actions or any	at in my secondary employment, liability resulting there from, and to ability insurance.	the City of (hat I must p	Cleveland ha ersonally ass	s no responsibility for m ume that responsibility o
secondary emp	erstand that if my City employr ployment will be revoked. I am als on at any time based on the operat	so aware that	t my appoint	ing authority may revok
	2 OCC			01.29.12
Employée Signa	ture	-	Da	
AUTHORIZED B	×: 🔊			/ /
12/1		_		1/31/2
APPOINTING AL	THORTIA		DA	TE
DEPARTMENT D	PIRECTOR	=	DA	TE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



30 W. Spring St. Columbus, OH 43215-2258 Governor John R. Kasich Administrator/CEO Stephen Buehrer chiobwc.com 1-800-OH/OBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy N	o. & En	nployer	20002978
----------	---------	---------	----------

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

1st	DAY OF	January 2012
1st	DAY OF	January 2013

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer

Administrator/CEO

BWC-7201

SI-1



Columbus, OH 43215-2256

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com

1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period Specified Below

DAY OF 1st

January 2012

1st DAY OF

January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT:	Secondary Employment Re	equest of		
	Robert Wilhelm (Employee Name)			
Date:	February 28, 2012			
	the attached request to engage all consideration, I recommend			
_	Approved	Disapproved		
Chief, Divis	sion of Fire	2/28/12 Date		
	Approved	Disapproved		
	Maser 4/16/2017	1 6 APR 2012		
Martin L. F	lask, Director	Date		



NAME: ROBERT E. WILHELM CLASSIFICATION: FGF
DEPARTMENT: Public Safety DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
JADAM LLC DBA PURITAS HARDWARE 14307 PURITAS AV CLEVELAND, ONIO 44135
JOB TITLE: PRESIDENT/OWNER
OVERSEE BUSINESS OPERATIONS, SALES, SERVICE, BOOK KEEPING
HOURS TO BE WORKED: 20 HPS WK
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.
Folia Employee Signature 1-29-2012 Date
AUTHORIZED BY
APPOINTING AUTHORITY A/16/2013
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 20,12

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1267292

01/01/2012 THRU 08/31/2012

JADAM INC. 4795 TURNEY RD GARFIELD HTS OH

44125-2163

ohiobwc.com

You can reproduce this certificate as needed.



City of Cleveland Memorandum Frank G. Jackson, Mayor

ro:	Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT:	Secondary Employment Re	equest of		
	Michael Vazquez (Employee Name)	AND AND ADDRESS OF THE PROPERTY OF THE PROPERT		
Date:	January 6, 2012			
I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be				
DI	Approved	Disapproved		
Chief, Divis	ion of Fire	Date		
	☑Approved .	Disapproved		
	noman habors	7 JAN 2017		
	ask, Director	Date		

An Equal Opportunity Employer

Chief Stubbs: After Decision

cc:



NAME:	Michael Vazquez	CLASSIFICATION:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
City of Medina 300 W Reagan Medina OH 44 330-725-1772	Parkway		
JOB TITLE: Fir	efighter	and the second s	*
TYPES OF DUT	TES PERFORMED:		
Firefighting an	d EMS		
actions or any	MORKED: V nat in my secondary employment liability resulting there from, and ability insurance.	arious, on call departm , the City of Clevelan that I must personall	d has no responsibility for my
secondary em	lerstand that if my City employ ployment will be revoked. I am a tion at any time based on the operation	Iso aware that my ap	pointing authority may revoke
Employee Sign	ature		1-5-12 Date
AUTHORIZED			1/6/12
DEPARTMENT		-	DATE

(NOTE: Approval must be renewed annually)

2013

STATE OF OHIO

BUREAU OF WORKERS! COMPENSATION

COLLANSIS OHIO 43215-2255

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD GRECIFIED BELOW

35205302

MEDINA PO BOX 70345 (S MEDINA OH #425 1701/2000 THRU 05/15/2010

March P. Kaya

ROTARTEININGS

www.ohlobwc.com-

canton

THE CERTIFICATE MAY BE HEPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION.

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	3JECT: Secondary Employment Request of			
	Joseph Vidlio			
	(Employee Nam	e)		
Date:	February 6, 2012			
	the attached request to dul consideration, I recomi	engage in Secondary Employment. mend it be		
	Approved	Disapproved		
Chief, Divi	sion of Fire	2/c/12 Date		
	Approved	Disapproved		
hat	L. Elskins	9 7 FEE 2012		
Martin L. F	lask. Director	Date		



NAME:	Joseph Vidlicka	CLASSIFICAT	TON:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: 1	Fire	
SECONDARY EN	MPLOYER NAME/ADDRESS/PHO	NE NUMBER		
Southwest Gen 18697 Bagley I Middleburg Hts 440-816-8889				
JOB TITLE: Re	gistered Nurse	• •		Maria Sanita
TYPES OF DUT	IES PERFORMED:)
Patient Care				
	ŧ			
HOURS TO BE	WORKED:	20 Hours per	week	
I am aware th actions or any obtain other lia	at in my secondary employm liability resulting there from, a bility insurance.	ent, the City of Cle and that I must per	eveland has sonally assu	no responsibility for my me that responsibility or
secondary emp	erstand that if my City employment will be revoked. I aron at any time based on the o	n also aware that r	my appointing	ng authority may revoke
bed	Mell		75/27	-1-12
Employee Signat	cure		Date	<u> </u>
AUTHORIZED B	III .)	d	2/6/12
APPOINTING AL	L. Elstens	===Ye-3800000	DAT	2/6/12 E -8-12
DEPARTMENT D	IRECTOR		DAT	E

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



December 19, 2011

To Whom It May Concern:

RE: Workers' Compensation

As required by law, Southwest General Health Center maintains workers' compensation coverage (policy #20003643) in the State of Ohio.

Joanne Vargo, CWCP

Workers' Compensation Specialist Southwest General Health Center

18697 Bagley Road

Middleburg Hts., OH 44130



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire	®.	
SUBJECT:	Secondary Employment Re	equest of	
	<u>John Andrews</u> (Employee Name)		
Date:	February 6, 2012		
I reviewed t After carefu	the attached request to engaged to consideration, I recommend	ge in Secondary Employment. It be	
_	Approved	Disapproved	
Chief, Divisi	ion of Fire	Date	
hart L Martin L. Fla	Elskus ask, Director	Disapproved 1 7 1 2012 Date	



NAME: John Andrews	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	IUMBER
Self Employed John Andrews	
Bay Village, Ohio	
JOB TITLE: Real Estate Sales and Appraisal	
TYPES OF DUTIES PERFORMED:	
Analyze real estate markets, view properties, perfor Work as a sole proprietor in this capacity	m appraisals and some sales consulting.
HOURS TO BE WORKED:	10-20 per week
I am aware that in my secondary employment, actions or any liability resulting there from, and the obtain other liability insurance.	the City of Cleveland has no responsibility for my nat I must personally assume that responsibility o
I further understand that if my City employm secondary employment will be revoked. I am also this authorization at any time based on the operation	O DWORD that my ammelation - the '
_ John anden	1-27-12
Employee Signature	Date
AUTHORIZED BY:	2/1/12
APPOINTING AUTHORITY Mante L. Flore	DATE 2-8-12
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

перапти и помостолога опридопления остолидением с непротаг.

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: APPLICATION NUMBER: 75508757

John Andrews Appraisal Affiliate

Bay Village, OH

2/3/2012 Thru 8/31/2012

ohiobwc.com

Stephen Buch

You can reproduce this certificate as needed

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

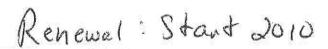
You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	Sean Andrews (Employee Name)	
Date:	February 28, 2012	
I reviewed After carefu	I consideration, I recommend	ge in Secondary Employment. I it be Disapproved Date
Martin L. Fla	MApproved MADALL ask, Director	Disapproved An Zul Date





NAME: SEAR ANDREUS	CLASSIFICATION:
DEPARTMENT: Succession	DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE I	
440-349-2750	
JOB TITLE: DUZIUEVZ	
TYPES OF DUTIES PERFORMED:dalion	124
	2
HOURS TO BE WORKED: 20	
I am aware that in my secondary employment, actions or any liability resulting therefrom, and tobtain other liability insurance.	the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
I further understand that if my City employs secondary employment will be revoked. I am all this authorization at any time based on the operation	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the department/division.
Employee Signature	Date
APPOINTING AUTHORITY	2/28/12
710 sea 1961	2012
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)





THE PLAS-MAC CORPORATION

30250 CARTER STREET SOLON, OHIO 44139 440-349-2750 FAX 440-349-3023

January 18, 2012

Subject:

Sean Andrews

To Whom It May Concern:

Mr. Sean Andrews has been employed at The Plas-Mac Corporation as a truck driver Part-Time since June 28, 1999.

He is covered by our Workers' Compensation Plan through The Ohio Manufacturers' Association, Risk Number 762721.

If there is any other information I can relay to you or questions I can answer, please don't hesitate to contact me.

Sincerely,

Sherrie Sweet

Office Manager

Plas-Mac Corporation



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	<i>(</i>
FROM:	Paul Stubbs, Chief	
a anoma	Division of Fire	
		8
SUBJECT:	Secondary Employment I	Request of
	John Bellflower (Employee Name)	
Date:	January 30, 2012	
	the attached request to engular all consideration, I recommen	age in Secondary Employment nd it be
	Approved	Disapproved
1	10	
W.	All Parties	1/30/12
Chief, Divis	sion of Fire	Date
	☑Approved	Disapproved
1	1000 T (1)	Disapproved
	Max. Director	3 1 JAN 2012
Martin L. Fl	ask, Director	Date



NAME:	John J. Bellfower	CLASSIFICATION	: Lieutenant
DEPARTMENT:	Public Safety	DIVISION: Fire	Armania programma in the control of
SECONDARY EI	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
St. John Medic 29000 Center F Westlake, Ohio Ph: (440) 827-:	Ridge Road.		¥
JOB TITLE: Re	gistered Nurse	. (a terrenalismo paralismo manado).	
TYPES OF DUT	TES PERFORMED:		
Nursing-Pain M	Ianagement Center		
HOURS TO BE I am aware the actions or any	WORKED:	8 - 16 hrs per wee	and has no responsibility for my
obtain other lia	ibility insurance.		,
secondary emp	erstand that if my City employ ployment will be revoked. I am a ion at any time based on the opera	so aware that my	appointing authority may revoke
Chat Co	elle et.		1-25-12
Employee Signa	ture		Date
AUTHORIZED	Mills		1/30/12
APPÓINTING A	UTHORITY	100 mm	DATE
DEPARTMENT D	DIRECTOR		DATE

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)



Governor John R. Kasich Administrator/CEO Stephen Buehrer ohlobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005290

UHHS/CSAHS-Cuyahoga, Inc. 3605 WARRENSVILLE CENTER RD# LL173/MSC9, 14 SHAKER HTS, OH 44122 Period Specified Below

1st DAY OF

September 2011

1st DAY OF

September 2012

Subs

20005290-1

WESTSHORE PRIMARY CARE ASSOCIATES INC

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

го:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
SUBJECT:	Secondary Employment Re	equest of
	Michael Bey	_
	(Employee Name)	T
Date:	January 30, 2012	
	the attached request to engagul consideration, I recommend	
	Approved	Disapproved
M.		1/30/12
Chief, Divis	☑Approved	□ Disapproved
	nastan	3 1 JAN 2012
Martin L. F	lask, Director	Date

An Equal Opportunity Employer

cc:

Chief Stubbs: After Decision



NAME:	Michael Bey	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
Aeromag 2000 6030 Cargo Ro Cleveland, Oh 1-216-267-331	1 nio 44135		
JOB TITLE: De	e-ice of Airplanes	THE WASHINGTON THE COMMENT	
TYPES OF DUT	TES PERFORMED:		
De- Ice			
I am aware th actions or any		oyment, the City of Clevelan	d has no responsibility for my y assume that responsibility or
I further und secondary em	erstand that if my City ployment will be revoked.	employment is adversely a I am also aware that my ap ne operational needs of the De	iffected, my authorization for pointing authority may revoke epartment/Division.
Employee Signa	atune		Date
AUTHORIZED APPOINTING A			1/30/12 DATE
Z. H. P. SALLY ALTO,	STINIAL L		DATE:
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor
Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re Marcus Black (Employee Name)	equest of
Date:	January 30, 2012	
	the attached request to engag ul consideration, I recommend	
	Approved	Disapproved
Chief, Divis	sion of Fire	//30/12 Date
	Approved	Disapproved
	noto	3 1 JAN 2012
Martin L. F	lask, Director	Date

cc:

Chief Stubbs: After Decision



NAME: MARCUS DLACK	CLASSIFICATION: FIRST GRADE FIREFIGHTER
DEPARTMENT: SAFETY	DIVISION: OF FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	
CLEVELAND Clinic EVENT MEDICINE	
Cleverand OHio 44106 216 440-85	24-6116
JOB TITLE: PARAMEDIC	ELLE CEPIK
TYPES OF DUTIES PERFORMED: MEDICAL A	PSSISTANCE, STABILIZATION AND
PATIENT CARE	
HOURS TO BE WORKED: 4-16 HOURS PER. I am aware that in my secondary employment, actions or any liability resulting therefrom, and to obtain other liability insurance.	the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am all this authorization at any time based on the opera	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the department/division.
APPOINTING AUTHORITY	1/30/12 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

Columbus, OH 43215-2256

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com

January 2013

1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy	No	8	Emn	lover	200	02978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period	Specified Belov	W
1st	DAY OF	January 2012

DAY OF

1st

Subs

CLEVELAND CLINIC HOME CARE SERVICES 20002978-1

20002978-9 CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION

20002978-10 CLINIC REGIONAL PHYSICIANS LLC

20002978-11 MEDINA HOSPITAL

20002978-12 MARYMOUNT HOSPITAL, INC.

20002978-13 LAKEWOOD HOSPITAL ASSOCIATION

CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals) 20002978-14

20002978-15 CLINIC CARE, INC.

CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION 20002978-16

20002978-17 **LUTHERAN HOSPITAL**

FAIRVIEW HOSPITAL 20002978-18

20002978-19 CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO



City of Cleveland Memorandum Frank G. Jackson, Mayor

	Ę.		
то:	Martin L. Flask, Director Department of Public Safety	/	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment I	Request of	
	Carmelo Borges (Employee Name)	5	
Date:	January 23, 2012		
I reviewed After carefu	ul consideration, I recommer	age in Secondary Employment. Disapproved Date	
	MApproved Modas 1/31/2012	Disapproved 3 1 JAN 2012	
Martin L. F	lask, Director	Date	

cc: Chief Stubbs: After Decision



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Carmelo Borges CLASSIFICATION: FGF	
DEPARTMENT: Public Safety DIVISION: Fire	
secondary employer name/address/phone number Suveville Sustice Center 9300 Quincy 441	20 20
(216) 443-3148	
DOB TITLE: Detention officer	
types of duties performed: provide the best possible care, welfare, and security of Detention Center residents Utilizing behavior management techniques and established policies and providents to be worked: 1. **Detention** 1. **Detention** 1. **Detention** 2. **Detention** 2. **Detention** 2. **Detention** 2. **Detention** 3. **Detention** 4. **Detention** 5. **Detention** 6. **Detention** 7.	io (CE
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.	
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.	
APPOINTING AUTHORITY DATE	
DEPARTMENT DIRECTOR DATE	
EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)	

Certificate of Coverage

-> To: Carmelo BORGES

Ohio Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Balow

31800001

01/01/2011 Thru 05/15/2012



ohiobwo.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation under the Workers' Compensation benefits and

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

P-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employm	ent Request of	
	Edward Br (Employee Na	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date:	February 6, 2012		
	the attached request to ul consideration, I reco	engage in Secondary Employment. mmend it be	
	Approved	Disapproved	
W	THE STATE OF THE S	2/4/12	
Chief, Divis	sion of Fire	Date	
ä	Approved	Disapproved	
month 1.	[Approved]	8 7 FEE 2012	
Martin L. F	lask, Director	Date	

Chief Stubbs: After Decision cc:



NAME:	Edward Brady	CLASSIFICATION:	Captain
			1
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS	PHONE NUMBER	
AeroMag2000			
6030 Cargo Rd Cleveland, OH			+
Cicvoland, On	14155		췸
		2	*
JOB TITLE: Air	craft Deicer		
TYPES OF DUT	TIES PERFORMED:		8
Deice Airplane	es		
HOURS TO BE	WORKED:s	easonal employment, 0 to 16 ho	ours per week
actions or any	hat in my secondary em liability resulting there frability insurance.	ployment, the City of Clevela rom, and that I must persona	nd has no responsibility for my lly assume that responsibility or
secondary em	ployment will be revoked	employment is adversely I. I am also aware that my a the operational needs of the [affected, my authorization for appointing authority may revoke Department/Division.
Ele	uf Bra		1/30/12
Employee Sign	ature		Daté '
AUTHORIZED	By (2)		1/
	silliff		2/6/12
APPOINTING A	AUTHORITY / WB	А	DATE
mark	V. Elsh		7 /-/-
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO: Martin L. Flask, Director Department of Public Safety Paul Stubbs, Chief FROM: Division of Fire SUBJECT: Secondary Employment Request of Johnny Brewington (Employee Name) January 23, 2011 Date: I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be Approved Disapproved Chief, Division of Fire Date

Approved

Disapproved

3 1 JAN 2012

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



NAME:	Johnny Brewington	CLASSIFICATION: Battalion Chief
DEPARTMENT	: Public Safety	DIVISION: Fire
SECONDARY	EMPLOYER NAME/ADDRESS/PHO	NE NUMBER
	Cuyahoga Community C	College Fire Training Academy
	11000 Pleasant Valley R	toad 44130-5199
TYPES OF DU	TIES PERFORMED: State of	Ohio 240 Hours Firefighter Course.
HOURS TO B	E WORKED: <u>Several classes</u>	per semester based on schedule availability nent, the City of Cleveland has no responsibility for my
actions or an		and that I must personally assume that responsibility or
secondary er	nployment will be revoked. I a	ployment is adversely affected, my authorization for m also aware that my appointing authority may revoke perational needs of the department/division.
Employee Sign	Grewnston nature	January 9, 2012 Date
AUTHORIZED	Sill sill sill sill sill sill sill sill	1/31/12
APPOINTING	AUTHORITY	DATE
DEPARTMENT	DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Governor John R. Kasich Administrator/CEO Stephen Buehrer ohjobwo.com 1-800-OH/OBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005579

CUYAHOGA COMMUNITY COLLEGE
700 CARNEGIE AVE
CLEVELAND, OH 44115

Period Specified Below

1st DAY OF September 2011

1st DAY OF September 2012

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Rudolph Buffingto (Employee Name)	<u>on</u>
Date:	February 6, 2012	
I reviewed After carefu	the attached request to engage of consideration, I recommend	ge in Secondary Employment. I it be
0	Approved	Disapproved
Chief, Divis	ion of Fire	2/6/12 Date
8.	Approved	Disapproved
hartu Martin L. Fl	L. Flash ask, Director	0 7 FE: 7

cc: Chief Stubbs: After Decision



NAME:	Rudolph Buffington	CLASSIFICAT	ION:	Firefighter	
DEPARTMENT:	Public Safety	DIVISION: I	Fire	F	
SECONDARY EN	APLOYER NAME/ADDRESS/PHONE	IUMBER			
City of Woodm 27899 Chagrin Woodmere, Oh	blvd.);		
			ř		
JOB TITLE: Fire	efighter				
TYPES OF DUT	IES PERFORMED:			3	
Fire prevention	and suppression, provide basic med	lical services.			
actions or any	WORKED:at in my secondary employment, liability resulting there from, and to bility insurance.				
I further unde secondary emp this authorizati Employee Signa	erstand that if my City employs bloyment will be revoked. I am alson at any time based on the opera	so aware that i	my appoin	ting authority m	ization for lay revoke
APPOINTING AIDEPARTMENT DEPARTMENT DEPARTMEN	JTHORITY L. Flah			2/6/12 ATE 2-7-12 ATE	<u>e</u>

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2012



The Village of Woodmere

"Gateway To The Chagrin Valley"

27899 Chagrin Boulevard • Woodmere Village, Ohio 44122
216/831-9511

THOMAS M. CORNHOFF TREASURER

January 24, 2012

To Whom It May Concern:

This letter is to inform you that Rudolph Buffington is employed part time by the Village of Woodmere. If Mr. Buffington were to be injured on the job, he would be covered by workers compensation. If you have any questions, you may contact me at 216-831-9511.

Sincerely,

Deborah Stay

Finance Clerk

cc: file



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Directo Department of Public S	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employme	ent Request of
	Rudolph Bu (Employee Nar	
Date:	February 6, 201	2
	the attached request to ul consideration, I recon	engage in Secondary Employment nmend it be
	Approved	Disapproved
DI	(M)	2/6/12
Chief, Divis	sion of Fire	Date
	Approved	Disapproved
mart	i. Flakens	0 7 FEE 2012
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



NAME: Rud & lph BuffingTood	CLASSIFICATION: FIRE fighter
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUM Den ald MARTENS & & 6000 Cake Abrams & Middleburg HTS OF	MBER Sons Fro
JOB TITLE: Fire Fighter	
TYPES OF DUTIES PERFORMED:	
HOURS TO BE WORKED: I am aware that in my secondary employment, the actions or any liability resulting there from, and the	
obtain other liability insurance.	BUS DE CERTIFICATION DE L'ACTIONNE PROCESSORIES DE CERTIFICATION DE CENTRALE DE MANAGEMENT DE CONTRALES DE SAME
I further understand that if my City employme secondary employment will be revoked. I am also this authorization at any time based on the operation	aware that my appointing authority may revoke
Employee Signature	Date
APPOINTING AUTHORITY	2/6/12 DATE
Month L. Elsh	2-7-12
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31,2013 (NOTE: Approval must be renewed annually)



Date:

12,15,11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com





City of Cleveland Memorandum Frank G. Jackson, Mayor

* Date Stacted . Jan 2011

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Mark Butler (Employee Name)	
Date:	February 21, 2012	
I reviewed After carefi	the attached request to engagul consideration, I recommend	it be
M	Approved	Disapproved
Chief, Divis	sion of Fire	Date
	MApproved MApproved Mapproved	Disapproved
Martin L. F	lask, Director	Date

Chief Stubbs: After Decision cc:



NAME: Mark Butler	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
Self-Employed Mark Butler Cleveland, OH 44144	¥
JOB TITLE: Appraiser	
TYPES OF DUTIES PERFORMED:	
Residential appraisal services, including viewing pr	operties, and routine office work.
HOURS TO BE WORKED:	15-18
I am aware that in my secondary employment, actions or any liability resulting there from, and to obtain other liability insurance.	the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
I further understand that if my City employs secondary employment will be revoked. I am also this authorization at any time based on the operation	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the Department/Division.
Mark Butto Employee Signature	
APPOINTING AUTHORITY	2/2//12 DATE
DEPARTMENT DIRECTOR	DATE DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)

1)

manda arjeng penegapatanan ni ini syinsama



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: APPLICATION NUMBER: 75508669

2/3/2012 Thru 8/31/2012

Mark Butler

Cleveland, OH 44

ohiobwc.com

Steph Buch

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Angelo Calvillo (Employee Name)

Date:

January 23, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

__Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

3 n JAk 2012

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



NAME: ANGELO CALVILLO CLASSIFICATION: CAPTAIN
DEPARTMENT: SAFETY DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
BROOKLYN HEIGHTS F.D.
345 TUXEDO AVE.
BROOKLYN HTS. 0410 44131 216-351-3542
CAPTAIN: SUPRESSION & MEDICAL EMERCENCIES.
TYPES OF DUTIES PERFORMED: SUPAESSION /MEDICAL CAUS
INSPECTIONS.
HOURS TO BE WORKED: 20 HRS / WEEK
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
1-11-2012
Employee Signature Date
APPOINTING AUTHORITY, DATE
Mala
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)



Brooklyn Heights Fire Department 345 Tuxedo Avenue Brooklyn Heights Ohio 44131

Michael Lasky Tire Chief Office: (216) 351-3542 Fax: (216) 749-0892

January 4, 2012

City of Cleveland Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights . Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

Michael Lasky,

Fire Chief

Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	lequest of
	Ghadi Cole (Employee Name)	2
Date:	February 21, 2012	
I reviewed After carefu Chief, Divis	I consideration, I recommendate provideration of the commendate of	ige in Secondary Employment. d it be Disapproved Date
Martin L. Fl	Approved Marian ask, Director	Disapproved 1 6 APR 2012 Date

cc: Chief Stubbs: After Decision



NAME: Thade K. Cole	CLASSIFICATION:FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
JOB TITLE: <u>Firefighter / Pasa</u> TYPES OF DUTIES PERFORMED: Protect	redice from city of Oakwoo
HOURS TO BE WORKED: 20 Hou	Urs
I am aware that in my secondary employment, actions or any liability resulting there from, and tobtain other liability insurance.	the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
I further understand that if my City employr secondary employment will be revoked. I am als this authorization at any time based on the operation	nent is adversely affected, my authorization for so aware that my appointing authority may revoke clonal needs of the Department/Division.
Employee Signature	2/16/2012 Date
AUTHORIZED BY:	2/2//12
DEPARTMENT DIRECTOR	DATE DATE
	9

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2013



Fire Chief James R. Schade

14 February 2012

To whom it may concern;

This letter is to verify that Ghadi Cole is employed by The Oakwood Village Fire Department. Mr. Cole is also covered under Workman's Compensation.

If you require any additional information, please feel free to contact me at 440-232-6695.

Jim Schade Fire Chief



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Brent Collins (Employee Name)	TOTAL CONTRACTOR OF THE STATE O
Date:	January 5, 2010	V
	the attached request to engage of the consideration, I recommend Approved	ge in Secondary Employment. It be Disapproved
Chief, Divis	ion of Fire	Date
7	Approved 3/29/00	Disapproved
Martin L. Fl	ask, Director	Date

An Equal Opportunity Employer

cc:

Chief Stubbs: After Decision



NAME:	BRENT COLLINS	CLASSIFICATION:	ASSIT, CHIEF	
DEPARTMENT:	Public Safety	DIVISION: Fire		
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	UMBER		
CITY OF PAR 6281 PEARL I 440-884-9600	MA HTS RD. PARMA HTS.,OHIO 44130			
JOB TITLE; <u>sa</u>	FETY DIRECTOR		148818418418	
TYPES OF DUT	TES PERFORMED:			
POLICE/FIRE	ADMINISTRATOR		9	
HOURS TO BE	WORKED:	6-10 PER WEEK		
HOOKS TO BE	WORKED.	0-10 PER WEEK		
actions or any	nat in my secondary employment, liability resulting there from, and the bility insurance.	the City of Cleveland hat I must personally	d has no responsibility for assume that responsibility	r my ty oi
secondary emp	erstand that if my City employn ployment will be revoked. I am als on at any time based on the operat	o aware that my ap	pointing authority may re-	n foi voke
L	1/2		1-12	20
Employee Sign	ture		Date	
AUTHORIZED	I'M DO	ñ	, ,	
APPOINTING A	JTHORITY 700 3/29	boa	//12/12 DATE	
DEPARTMENT D	DIRECTOR	-	DATE	

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31807002

01/01/2011 Thru 05/15/2012



ohiobwc.com

Steph_ Buch_

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section, 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment Ro	equest of
	<u>Kevin Cooney</u> (Employee Name)	
Date:	February 6, 2012	
	the attached request to engage al consideration, I recommend	ge in Secondary Employment. I it be
	Approved	Disapproved
Me	EN .	2/6/12
Chief, Divis	ion of Fire	Date
		W =
	☑Approved	Disapproved
hat	JApproved L. Flakins	0 7 FEE 2012
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



NAME:	Kevin Cooney	CLASSIFICA	TION:	Lt	
DEPARTMENT:	Public Safety	DIVISION:	Fire		 ;
SECONDARY EN	1PLOYER NAME/ADDRESS/F	PHONE NUMBER			
Fairview Hospi 18101 Lorain A Cleveland, Ohi 216-476-7000		c	\$ 80 12 1 ⁷² a sh a		% 2
JOB TITLE: Reg	gistered Nurse	· · · · · · · · · · · · · · · · · · ·	# 12 12 1 1	9	Ì
TYPES OF DUT	IES PERFORMED:				
Nursing duties	and others as required.				
			Pa	ş	
HOURS TO BE	WORKED:	20			
actions or any obtain other lia I further unde secondary emp	at in my secondary emplo liability resulting there from bility insurance. erstand that if my City of loyment will be revoked. Son at any time based on the	n, and that I must p employment is adve I am also aware tha	ersonally as ersely affer t my appoi	ssume that resp cted, my authority i	onsibility or prization for may revok
Employee Signa	ture 0	STATE OF THE STATE		ate	
AUTHORIZED B APPOINTING AL	JTHORITY L. FLOS			2/6/12 DATE 2.8.12	
DEPARTMENT C	IRECTOR		D	ATE	

DR GORRY TO

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)

Governor John R. Kasich Administrator/CEO Stephen Buehrer

ohlobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118

BEACHWOOD, OH 44122

1st	DAY OF	January 2012
-----	--------	--------------

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

SI-1



Governor John R. Kasich Administrator/CEO Stephen Buehrer ohlobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 Period Specified Below

THE CLEVELAND CLINIC FOUNDATION
25875 SCIENCE PARK DR # AC118
BEACHWOOD, OH 44122

Ist DAY OF January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratorles)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	2
SUBJECT:	Secondary Employment Re	equest of
	Martin Corrigan	* * * * * * * * * * * * * * * * * * *
	(Employee Name)	
Date:	March 15, 2012	
	ul consideration, I recommend	ge in Secondary Employment. I it be Disapproved 3//3//2 Date
Martin L. F	MApproved MApproved Make Jalushok Jask, Director	□ Disapproved Date

cc: Chief Stubbs: After Decision



NAME: M. CORRIGE CLASSIFICATION: LT.	
DEPARTMENT: SAKEY DIVISION: FIND	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
3518 10122	
eu de	¥
JOB TITLE: GRS CVTTV	
TYPES OF DUTIES PERFORMED: COX 805	
	*
HOURS TO BE WORKED: 20	
I am aware that in my secondary employment, the City of Cleveland has no respondence or any liability resulting therefrom, and that I must personally assume that obtain other liability insurance.	ensibility for my responsibility or
I further understand that if my City employment is adversely affected, my a secondary employment will be revoked. I am also aware that my appointing authorithis authorization at any time based on the operational needs of the department/division.	rity may revoke
Employee Signature Date	12
AUTHORIZED BY: 3/1	5/12
APPOINTING AUTHORITY TOOLS Alisho	*
DEPARTMENT DIRECTOR DATE	anomum edilli
EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annual)	y) ์



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1312292

03/08/2012 THRU 08/31/2012

MARTIN A CORI MC CUTTING 3278 W 15 6TH CLEVELAND OH

Steph Buchen

ahiobwc.com

You can reproduce this certificate as needed,

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

ro:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
	Division of the	
SUBJECT:	Secondary Employment Re	equest of
	<u>Daniel Cotleur</u> (Employee Name)	
Date:	January 23, 2012	
	the attached request to engage of the consideration, I recommend the commendation of Fire	
	@ Approved	Disapproved
	Mohan	3 0 JAN 2012
Martin L. Fl	lask, Director	Date

cc:

Chief Stubbs: After Decision



NAME: DANIEL COTLEUR, CL	ASSIFICATION: FBF
DEPARTMENT: RUBLIC SAFETY DI	IVISION: DIVISION OF FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUM	MBER .
Village of Cuyahoga Hts	<u> </u>
4863 East 71st	
Cuyahaga Hts OHIO 44125	
JOB TITLE: Firefighter	Ph.
TYPES OF DUTIES PERFORMED: Firefighter	-/EMT Duties for.
Village of Cugahoga Hts.	The state of the s
	,
HOURS TO BE WORKED: 26 HRS/	week .
I am aware that in my secondary employment, the actions or any liability resulting therefrom, and that obtain other liability insurance.	ne City of Cleveland has no responsibility for my I must personally assume that responsibility or
I further understand that if my City employme secondary employment will be revoked. I am also this authorization at any time based on the operation	aware that my appointing authority may revoke
Dain O Cattern	01/02/12
Employee Signature	Date (
AUTHORIZED BY:	DATE
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



Village of Cuyahoga Heights

4863 East 71st Street ~ Cuyahoga Heights, Ohio 44125

January 13, 2012

To Whom It May Concern:

This letter is to confirm that all employees, full and part time, of the Village of Cuyahoga Heights are covered under our Workers Compensation Policy, while working for the Village.

Should you have further questions please contact me at 216-641-7020 or a.meriwether@cuyahogaheights.com.

Sincerely,

Angel Meriwether

Payroll



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	į
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment I	Request of
	(Employee Name)	
Date:	January 6, 2011	
	ul consideration, I recommer	age in Secondary Employment and it be Disapproved Date
1 000	Approved L. Flack lask, Director	Disapproved 17 JAN 201

cc: Chief Stubbs: After Decision

CLEVELAND FIRE DEPARTMENT

REQUEST TO ENGAGE IN SECONDARY EMPLOYMENT

NAME:	JOHN	COUGHLIN	RANK:	_ LT	Co	.:	E7
SOC SEC N	UMBER:			PAYROLL	NUMBER:	20	079
HOME ADI	DRESS:			Ном	E TELEPHO	NE:	
NAME OF S	SECONDARY	EMPLOYER		AER	OMAG 20	000	
ADDRESS:	1000	6030 CARGO RD	, CIDY, 01+	44135	TELEPHO	NE: 26	7-0011
TYPE OF B	USINESS:		AIR	CRAFT D	EICING		
TYPE OF W	ORK YOU W	VILL PERFORM:		AIRO	CRAFT DE	ICING	
Hours You	U WILL BE E	MPLOYED FROM:		900	Te	D:	1700
MAXIMUM 1	NUMBER OF	Hours To Be Wor	ked Per '	Week:		20	
(1		MUM NUMBER OF HO AVERAGE OF 20HRS/					NT
SUPERVISOR	R'S NAME :	TOM P	OWERS		TITLE:	GENERAL	MANAGER
RESPO!	NSIBILITY FC	OR MY SECONDARY IN MY ACTIONS OR AIR ASSUME THAT RESPO	NY LIABILI	TY RESUL	TING THER	EFROM, AND	I MUST
AUTHORIZ	ATION FOR S	ERSTAND THAT IF MY SECONDARY EMPLOY RITY MAY BE REVOKI OPERATIONAL	MENT WII	L BE REVO	OKED. I AM ION AT ANY	I ALSO AWAI	RE THAT MY
		GAGE IN SECONDAI ERS COMPENSATIO					
REQUESTEI Approved,	DISAPPROV	_ / 000	LICANT JEP OLYSION	York	DATE: DATE	12 9 1 TE: 12/	1,7/11
APPROVED,	DISAPPROV	ED BY THE DIRECTO	OR OF PUI	BLIC SAFE	ty On:		



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172. Sincerely,

Michelle Saylor

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Michael Darnell (Employee Name)	-
Date:	January 30, 2012	
I reviewed After carefi	the attached request to engaged in consideration, I recommend	ge in Secondary Employment. I it be
	Approved	Disapproved
Chief, Divis	sion of Fire	//30/12 Date
ì	Approved	Disapproved
· · · · · · · · · · · · · · · · · · ·	Wha	3 1 JAN 2012
	lask, Director	Date

cc:

Chief Stubbs: After Decision



NAME: MICHAEL DARNELL	CLASSIFICATION: ASSIST. CHIEF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHO	NE NUMBER
NVR INC. 6770 W. SNOWVILLE RD. BRECKSVILLE OHIO 44141 440-343-4896	
JOB TITLE: REPAIRMAN	
TYPES OF DUTIES PERFORMED:	
COSMETIC REPAIRS ON NEW HOMES	*
7	
HOURS TO BE WORKED:08:00 -	16:00 M-F 1 OR 2 DAYS A WEEK
	ent, the City of Cleveland has no responsibility for m nd that I must personally assume that responsibility o
I further understand that If my City emp secondary employment will be revoked. I an this authorization at any time based on the or	eloyment is adversely affected, my authorization for also aware that my appointing authority may revoke perational needs of the Department/Division.
Employee Signature	1-26-12_ Date
AUTHORIZED BY: APPOINTING AUTHORITY	//30/12 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

01/01/2012 THRU 08/31/2012

MICHAEL A DARNELL 19121 FOWLES RD CLEVELAND OH 44130-621

ohiobwe.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

City of Cleveland Memorandum Frank G. Jackson, Mayor

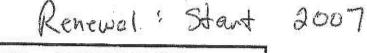
TO:	Martin L. Flask, Director
	Department of Public Safety

FROM: Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary Employment Request of Scott Day			
Date:	(Employee March 2, 20	3 - 2021 전 1950년 왕 20년 5 20 - 2022		
I reviewed After caref	ul consideration, I re	st to engage in Secondary Employment. ecommend it be Disapproved 3/2/12 Date		
Martin L. F	Approved Tokas Jask, Director	Disapproved		

cc: Chief Stubbs: After Decision





03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	SCOTT DAY	CLASSIFICATION:FGF
DEPARTMEN	T: Public Safety	DIVISION: Fire
SECONDARY	EMPLOYER NAME/ADDRESS/	PHONE NUMBER
SCOTT DAY	Y CONSTRUCTION INC.	81 SE 88 8 W W
	FVIEW DRIVE	7.0)
216-676-911	ID, OHIO 44135	E & E
210-070-911		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
SANCESTANDER CONTRACTOR SERVICES	E.	27 82
JOB TITLE: (OWNER	E F TT
TYPES OF DU	UTIES PERFORMED:	A Sheet
CONCRETE	CONSTRUCTION	
	1	<u>.</u>
	(X)	
HOURS TO B	E WORKED:	20
ж "		ACC
accions of an	that in my secondary employ lability resulting there from liability insurance.	byment, the City of Cleveland has no responsibility for none, and that I must personally assume that responsibility
occorridary Ci	iipioyiileiit will be fevtiken. I	employment is adversely affected, my authorization f I am also aware that my appointing authority may revol e operational needs of the Department/Division.
5,2	\$5	1-31-12
Employee Sigr	nature	Date
AUTHORIZED		1 2/2/2
APPOINTING A	AUTHORITY MALE	Allehno DATE
DEPARTMENT	DIRECTOR	DATE
EXPIRES JAI	NUARY 31, 2013 (NOT	E: Approval must be renewed approach.

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1021423

01/01/2012 THRU 08/31/2012

SCOTT DAY CONSTRUCTION INC. 19115 GOLFVIEW DRIVE CLEVELAND OH 44135

ohiobwe.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Brian DeGardeyn (Employee Name)	
Date:	January 23, 2012	
	Il consideration, I recommend	ge in Secondary Employment. I it be Disapproved Date
	MApproved MOMON (3)	□Disapproved 3 g JA% 2012
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



NAME:	Brian deGardeyn	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
AeroMag2000 P>O> Box 812 Cleveland, Oh	256		
JOB TITLE: Sp	orayer		
TYPES OF DUT	TIES PERFORMED:		
Deicing aircrat	ft	×	
HOURS TO BE	n sawanan arang a	20	
actions or any	hat in my secondary employment liability resulting there from, and ability insurance.		
I further und secondary em	lerstand that if my City employ ployment will be revoked. I am a tion at any time based on the opera	lso aware that my a	ppointing authority may revoke
Employee Signa	ature Sourdies		/2~み3~// Date
AUTHORIZED	BY: Jan		1/24/12
APPOINTING A	AUTHORITY (30,60)	es.	DATE
DEPARTMENT	DIRECTOR	 .::	DATE

(NOTE: Approval must be renewed annually)

03/2010 13, 2017



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	<u>Mark Dossa</u> (Employee Name)	
Date:	February 6, 2012	
	the attached request to engague of the consideration, I recommend	
	Approved	Disapproved
Chief, Divis	sion of Fire	2/6/12 Date
	Approved	Disapproved
mate 1	. Flok as	0 7 FES 2012
	lask, Director	Date

cc: Chief Stubbs: After Decision



NAME:	Mark Dossa	CLASSIFICA	ATION:	1GFF	
DEPARTMENT:	Public Safety	DIVISION:	<u>Fire</u>	· William - Will	
SECONDARY EM	IPLOYER NAME/ADDRESS	5/PHONE NUMBER			
Cleveland Clini 9500 Euclid Av Cleveland, Ohio	e		# F		
			987 3 1 T		
JOB TITLE: RN	- Emergency Services Inst	litute			
TYPES OF DUT	IES PERFORMED:				
Nursing					
I am aware th actions or any	at in my secondary em liability resulting there f bility insurance.	ployment, the City of	Cleveland has	no responsibility tume that responsib	for my ility or
I further unde	erstand that if my Cit bloyment will be revoked on at any time based on	d. I am also aware tha	at my appointi	ng authority may	on for revoke
	nh Com			1/29/12	
Employee Signa	ture		Dat	e '	
AUTHORIZED E	elill .	and the same of th	 DA ⁻	2/6/12	
Marte	OIRECTOR		2 DA	-1-12	

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)

ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period	d Specified Belov	w
lst	DAY OF	January 2012
1st	DAY OF	January 2013

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillicrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

SI-1



Columbus, OH 43215-2256

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978	Period Specified Below	
THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118	lst DAY OF	January 2012
BEACHWOOD, OH 44122	1st DAY OF	January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer

Administrator/CEO

BWC-7201

SI-1

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	£
SUBJECT:	Secondary Employment Re	equest of
	<u>John Dudas</u> (Employee Name)	
Date:	February 28, 2012	
	the attached request to engage al consideration, I recommend	
	Approved	Disapproved
101	1 1 1 1 1	2/20/-
Chief, Divis	ion of Fire	Date Date
	Approved	Disapproved
	Mola 4/4/200	1 & APR 2012
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: John Dudas CLASSIFICATION:
DEPARTMENT: Public Safety DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER Carol and John's Comic Book Shop 17462 Lorain Avenue Cleveland.OH: 44111 216.252.0606 JOB TITLE: CFO, Carol and John's Comic Book Shop, Inc. TYPES OF DUTIES PERFORMED:
Paperwork
HOURS TO BE WORKED: 20/week I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.
Employee Signature $\frac{1-30-2012}{Date}$
AUTHORIZED BY) 2/28/12
DEPARTMENT DIRECTOR DATE
EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1521154

01/01/2012 THRU 08/31/2012

CAROL & JOHNS COMIC SHOP INC 17462 LORAIN AVE

CLEVELAND OH 44111-4028

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	<u>Jeff Dudley</u> (Employee Name)	
Date:	January 23, 2012	
	the attached request to engaged consideration, I recommend Approved Sion of Fire	
	Man Man	Disapproved 3 JAN 2012
Martin L. Fl	lask, Director	Date

cc: Chief Stubbs: After Decision



NAME: JEFF DUDLEY CLASSI	FICATION: FGF
DEPARTMENT: Public Safety DIVISI	ON: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER 1540 S. Cleve (AND-MASS, Colley, DH 44321 330.	
JOB TITLE: FIRE-Medic	Anni Allanda de la Calanda de
TYPES OF DUTIES PERFORMED: STRUCTURAL	FIRE FIGHTINA/EMS
DNC+10NS.	
HOURS TO BE WORKED: AU 07	Po HRS/WK.
I am aware that in my secondary employment, the City actions or any liability resulting there from, and that I moobtain other liability insurance.	of Cleveland has no responsibility for my ust personally assume that responsibility o
I further understand that if my City employment is secondary employment will be revoked. I am also aware this authorization at any time based on the operational ne	e that my appointing authority may revoke
Employee Signature	Date
APPOINTING AUTHORITY	1/24/12 DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31,2013



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation benefits under the Workers' Compensation and

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary	Employmen	t Request of
----------	-----------	------------------	--------------

Ezzard Durham (Employee Name)

Date:

January 23, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

@ JAN 2012

Martin L. Flask, Director

Date

Chief Stubbs: After Decision CC:



NAME:	Ezzard E. Durham	CLASSIFICATION:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHO	NE NUMBER	
Rural/Metro As 5171 Canal Ro Cuyahoga Hts, 216.749.2211	ad		
JOB TITLE: <u>Dr</u> i	ver	and the second s	
TYPES OF DUT	TES PERFORMED:		
	aş		
HOURS TO BE	WORKED:	20	and in a successful and
actions or any	nat in my secondary employn liability resulting there from, ability insurance.	nent, the City of Clevelar and that I must personal	nd has no responsibility for my ly assume that responsibility or
secondary em	erstand that if my City employment will be revoked. I ation at any time based on the c	m also aware that my a	affected, my authorization for pointing authority may revoke epartment/Division.
Employee Signa	d Es Durham	·	1/20/2012 Date
AUTHORIZED	Sill Sill		1/24/12
APPOINTING A	AUTHORITY		DATE
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



January 13, 2012

To Whom It May Concern:

Please be advised that Rural/Metro Corporation has Worker's Compensation coverage under Policy Number WCUC46472160 for their employees when they are injured while working for Rural/Metro pursuant to the Ohio Revised Code.

Thank you,

Jackie Lavoie

Human Resources Generalist

Rural Metro Ambulance



City of Cleveland Memorandum Frank G. Jackson, Mayor

Martin L. Flask, Director Department of Public Safety	
Paul Stubbs, Chief Division of Fire	ži
Secondary Employment R	equest of
Anthony Ebel (Employee Name)	*
January 30, 2012	
	ge in Secondary Employment. d it be
Approved	□Disapproved
sion of Fire	<u>//30/12</u> Date
△ Approved	Disapproved
mala	3 1 JAA 2012
lask, Director	Date
Stubbs: After Decision	
	Paul Stubbs, Chief Division of Fire Secondary Employment R Anthony Ebel (Employee Name) January 30, 2012 the attached request to engal consideration, I recommend Approved Approved Approved Approved Approved Approved Approved Approved Approved Approved



NAME: Anthony L. Ebel	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHON	E NUMBER
AcroMag 2000 6030 Cargo Road Cleveland, OH 44135	
JOB TITLE: Aircraft Deicer	
TYPES OF DUTIES PERFORMED:	
Aircraft deicing	
- 1-0 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
	ga s rya
HOURS TO BE WORKED:Aver	age between 8-20 hours per week
actions or any liability resulting there from, an obtain other liability insurance. I further understand that if my City empl secondary employment will be revoked. I am	nt, the City of Cleveland has no responsibility for model that I must personally assume that responsibility companies of the
this authorization at any time based on the ope	erational needs of the Department/Division.
YELL	1.25.2012
Employee Signature	Date
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2013 (NOTE: A	Approval must be renewed annually)

03/2010



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor

Aeromag 2000 CLE, LLC P.O. Box 81256 Cleveland, Ohio 44181-0256



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
(Employee	Aaron Flave	Company of the Compan
(Employee	Name)	
Date:	January 6, 2012	
	the attached request to engage of consideration, I recommend	ge in Secondary Employment. I it be
	Approved	Disapproved
A.		1/6/12
Chief, Divis	ion of Fire	Date
	MApproved	Disapproved
houte	L. Elsh WB	1 7 JAN 2012
Martin L. Fl	ask, Director	Date

cc:

Chief Stubbs: After Decision



NAME: Aaron J. Flave CLASSIFICATION:	FGF
DEPARTMENT: Safety DIVISION: Fir	-2
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER Cleveland Tank and Supply Inc. 6560 Juniata Ave. Cleveland, Ohio	Ph# 216-771-8265 EXT 10
JOB TITLE: Welder / FITTER TYPES OF DUTIES PERFORMED: Welding and Fitting Fu	iel Tanks
HOURS TO BE WORKED: 16 per week	
I am aware that in my secondary employment, the City of Cleveland actions or any liability resulting therefrom, and that I must personally obtain other liability insurance.	d has no responsibility for my assume that responsibility or
I further understand that if my City employment is adversely af secondary employment will be revoked. I am also aware that my app this authorization at any time based on the operational needs of the company of the co	Ollifill antilouth may revoke
Hara J. Flane Employee Signature	1-6-2012 Date
APPOINTING AUTHORITY	1/6/12 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

30 W, Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1091651

07/01/2011 THRU 02/29/2012

CLEVELAND TANK & SUPPLY INC. 6560 JUNIATA AVE CLEVELAND OH 44103-1614

ohiobwc.com

You can reproduce this certificate as needed.

January 5, 2012

City of Cleveland - Division of Fire

Timothy J. O'Toole,

Aaron Flave is employed part time by Cleveland Tank & Supply, Inc. and is covered under our Bureau of Workers Compensation Policy # 1091651.

Sincerely,

Amplionothoter.

Phyllis Rothstein phyllis@clevelandtank.com 6560 Junaita Ave. Cleveland, OH 44103 216-771-8265 ext. 101 216-771-8239 fax